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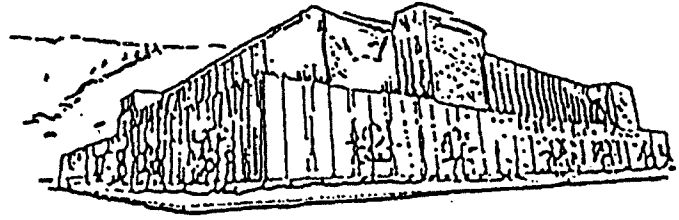
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TENURED EMPLOYEE SENSE MAKING DURING  
ORGANIZATIONAL CHANGE.

by

Carina A. Niedermier

B.A., The University of Montana, 1993

presented in partial fulfillment of the requirements

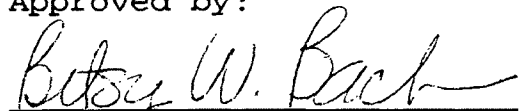
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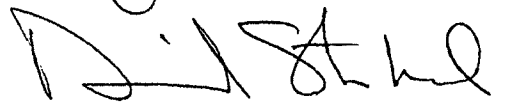
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Niedermier, Carina A., M.A., May 1995      Communication Studies  
Tenured Employee Sense Making During Organizational Change.

Co-Directors:    Betsy Bach    BB  
                  Al Sillars

Tenured employee sense making tactics during massive organization change were investigated. The participants were "tenured" and have been employed by the organization for several years (mean = 8.75). The tenured phase of socialization consist of individuals that: (1) have a developed self image; (2) cultivated interpersonal relationships at work; (3) established their values; (4) established their behaviors; (5) have "learned the ropes;" (6) no longer experience "role shock;" (7) manage their "role" in the organization; (8) have a sense of seniority in the organization; (9) consider their role to socialize, direct and instruct newcomers in the organization.

The study was conducted through participant interviews, and participant observation. The timing of the interviews was significant because the first of 19 interviews was scheduled 12 hours after the employees were told that massive organizational change would occur. The results revealed that tenured employees make sense of change by using three different tenses: prospective, immediate, and retrospective. The findings indicate that tenured employees vacillate between all three tenses when attempting to comprehend the change process and its effects. Moreover the findings maintain that employees at different levels of tenure and status make sense of change differently. "More" tenured employees vacillate between retrospective and immediate sense making more readily than "less" tenured employees. Whereas "less" tenured employees tend to prospective sense make about the future more than their more senior counterparts. Finally, rumor in the organization was characterized as being negative but extremely accurate.

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## Chapter 1

### Introduction and Rationale

#### Introduction

The Health Care industry in both the United States and Canada is undergoing massive change. According to the American Nurses Association (1995), 70% of U.S. hospitals are expected to downsize before the year 2000. Hospitals in the Canadian province of Alberta have and are continuing to face funding decreases, organizational and administrative restructuring, and program change. For instance, during a recent television interview, the Premier of Alberta, Ralph Klein, stated that of the 200 publicly elected hospital boards in the province, 17 "regional authority boards" have been established to reduce costs, and to centralize the administration. Such action on the part of the government has lead to economic uncertainty for most Albertans, since all sectors of government services are being cut. The current economic situation has been only one of many setbacks for a mid-size (347 bed) health care facility. The history and current situation of this mid-size hospital (heretofore referred to as MSH) is developed further in the next chapter.

Reorganization and change has been a reality for MSH during the past year (1993-1994). The staff at the hospital are literally trying to make sense of "what is going on," because lay-offs, "bumping positions" (where senior employees



have the option to "bump" employees with less seniority from another department), and department closures have created a sense of disorganization. Changes in the organizational structure over the past five years clearly indicate that reorganization is a reality. The current situation of MSH provides an excellent opportunity to research how tenured employees make sense of change, and to possibly refine the phases of socialization (anticipation, assimilation, exit) to include an additional phase.

Employee socialization and new information sense making is important to study since the work environment is a place where individuals spend a vast amount of their waking hours. It is estimated that individuals spend between 30 and 40 percent of their lives working in vocations within some sort of organizational setting (Jablin, 1987). Furthermore, the monthly turnover of those employed in all professions in the United States is 2%, and in Canada it is 4%, which suggests that individuals will be "socialized" several times in their life time (Bureau of National Affairs, 1987; StatsCan, 1993). Obviously, this information suggests that the work-place is constantly changing, and that identifiable life cycles exist in organizations. Therefore, it is important to study the processes in organizations during change and how individuals make sense of the situation.

"Spill over" from work (stories, feelings, expectations, etc.) tend to be part of an individual's non-work environment

(family, friends, social gatherings, etc.). Therefore, the impact of one's work environment extends far beyond the confines of the actual work structure, and can affect one's life outside of work. For instance, an employee who experiences a bad day at work will tend to bring those feelings home with him/her (Van Maanen & Schein, 1979). Hence, the study of organizational socialization and new information sense making is necessary since individuals tend to identify "who they are" by "what they do." This particular study of a mid-size Canadian health care facility is significant, since the employees find themselves in a situation of massive organizational change. This change effects the employee's work role, general work environment (i.e. morale), and has impacted the quality of life of each employee outside work. It is therefore necessary to comprehend how the change has affected the employees, in order to maintain or improve their satisfaction with the job.

#### Purpose

The thrust of this project will combine the principles of sense-making and organizational socialization during reorganization among tenured employees. The focus of this project will be on: (1) sense-making that occurs when "tenured" employees experience reorganization; and (2) how tenured employees manage formal and informal channels to communicate information about change. For the purposes of this project, the term "tenured" employees will be restricted

to those employees who have been with the organization for a extended period of time (more than 3 years). These employees have surpassed the assimilation phase and metamorphosis stage of socialization, yet the employees have not yet disengaged, therefore the employees are at a "tenured" phase in the socialization process. (The tenured phase is further developed in chapter 2). Note that the tenured phase is, at this point, completely hypothetical. The literature review has established a base for investigating this proposed area of socialization.

The rationale for the study is undergirded by previous research on newcomer sense making and organizational socialization. Previous research will be extended by using the stages, types and tactics of newcomer sense making and applying them to new information sense making during the tenured phase of employee socialization. When using the literature to assess how managers adapt to massive change in the organization, two points become apparent.

First, some of the inferences drawn from the literature on newcomer sense making provide a sound literature base to study how tenured employees make sense of new information (Allen & Meyer, 1990; Hudson & Jablin, 1992; Jablin, 1984; Louis, 1980; Miller, 1989; Miller & Jablin, 1991; Reichers, 1987). For instance, Louis (1980) notes that "surprise" or "role shock" are common threads that link most newcomer experiences while entering unfamiliar organizational settings.

Allen & Meyer (1990) suggest that newcomers' socialization experiences could be "tailored" to promote commitment. Reichers (1987) queries factors that contribute to the rate at which newcomers move through the phases of organizational socialization. Miller (1989) and Miller and Jablin (1991) develop seven information seeking tactics that newcomers use to make sense of their new role and work environment.

The conclusions drawn from the literature can be extended to veteran employees in organizations that are undergoing drastic change, because employees have not experienced a similar situation since massive change is not a predominate reoccurring feature in organizations. Therefore, "veteran" managers are **newcomers** to the massive change process. An interesting paradox is created, because employees need to "learn **new** ropes." In relative terms, change in an organization produces a "dynamic state," which is diametric when compared to the day-to-day "steadier" state that occurs before reorganization.

More clearly stated and specific to MSH, prior to the flux in the organization the managers did not need to make sense of the day-to-day operations of the health care facility since nothing drastically "new" was happening. In this case the tenured employees had already "learned" the ropes. However, now that the facility was in a state of disorganization, the managers were trying to make sense of "what was going on," since they were newcomers to this unique

situation. The managers' situation was further complicated because they were viewed by the staff as being "in the know" and have the authority to make decisions that affected the future of the hospital, however, due to the disorganization, the managers no longer had such insight and authority.

The concept of newcomer sense-making will be extended to that of new information sense-making during change, since "learning the ropes" is not a finite process in organizations. Rather people often find themselves learning "new" ropes. Change, flux, reorganization, and disorganization are constant themes within organizations (Van Maanen & Schein, 1979).

Second, people are constantly being socialized in the organization. Dramatic change in an organization alters the socialization process of the managers, since they find themselves in a territory, or role that they have not yet experienced. Van Maanen and Schein (1979, p. 211) note that socialization is a "process by which one is taught and learns "the ropes" of a particular organizational **role**. Wilson notes that "socialization is an ongoing process which has no clear beginning or end" (Wilson, 1984, p. 1). In its most general sense, organizational socialization is the process by which an individual acquires the social knowledge and skills necessary to assume an organizational **role**" (emphasis added). Using this definition, it is apparent that if one's organizational **role** changes (a passage), the socialization process must change as well. Therefore, these managers are being

"resocialized" by the reorganization (Jablin, 1987).

### Summary

It is logical to assume that organizational change acts as a catalyst for initiating employee role changes and passages within the organization, simply because reorganization implies that employees must compensate for the **organizational** change by changing **themselves**. It is therefore necessary to study employee passages through socialization, since socialization is "ubiquitous, persistent and forever problematic" (Van Maanen & Schein, 1979, p. 213). It is also necessary to look beyond the "metamorphosis" stage of organizational socialization, as this phase does not account for employees who have long been assimilated into the organization, but are not ready to disengage. The employees at MSH provide an opportunity to study beyond the metamorphosis stage and to better understand new information sense making, since the organization is currently in flux.

It is necessary to study "change" and "new information sense making" and "uncertainty reduction" during reorganization because, "employees who are unsure of the requirements and the demands of their new role are unlikely to perceive the organizations's dissemination of information about the change as helpful and, in turn, may resist the change" (Miller, Johnson, & Grau, 1994, p. 65). Tenured employee sense making could therefore be dependent upon:

- 1) how the employee makes sense of what is "going on," (a

cognitive function), 2) a need to reduce uncertainty, and 3) the information that the organization relinquishes to the employee (a function of type of information, timeliness, channel, etc.).

## Chapter 2

### Review of the Literature

#### Overview

Researchers have devised a number of models that pertain to organizational socialization. These researchers have theorized (Louis, 1980; Reichers, 1987; Van Maanen, 1975; Van Maanen & Schein, 1979) and later empirically tested specific hypotheses or conditions of socialization in organizations (Allen & Meyer, 1990; Brown, 1985; Feldman, 1976; Feldman, 1977; Jablin, 1984; Jones, 1986). Some literature has focused on the initial stages of employee socialization (Allen & Meyer, 1990; Feldman, 1977; Jablin, 1984; Jones, 1983; Louis, 1980). Additional research has focused on other phases of the socialization process, such as, "disengagement," (Jablin, Grady, & Parker, 1994), "turning-points" (Bullis & Bach, 1989), "rates" (Reichers, 1987), "socialization as relationship development" (Wilson, 1984) and "use of stories" (Brown, 1985).

#### Socialization Phases

Jablin (1987) establishes a schema from which to study the organizational socialization process, by describing anticipatory socialization, organizational entry, assimilation, and exit. Wilson (1984) describes six phases of organizational socialization that include: pre-entry, entry, learning, negotiation mutuality, commitment/identification.



Other socialization models have also been developed, although the models differ in stages and in some areas of description, the overall content of the combined stages is quite similar (Feldman, 1976; Katz 1980; Schein, 1983; Wanous, 1980).

Before an employee is admitted into a new organization, s/he experiences **anticipatory socialization** (Jablin, 1987; Van Maanen, 1975a) or **pre-arrival** (Porter, Lawler, & Hackman, 1975). During this phase, the hopeful recruit develops expectations and begins to anticipate job and social related experiences with those who comprise the organization (Jablin, 1984; Louis, 1980). The recruit also begins his/her first communication with the organization. Here the prospective employee transmits and requests information through interviews, "paper work," and various other forms of pre-employment communication.

Once employment has begun, the recruit embarks on the **assimilation phase** (Jablin, 1987). This stage involves high interpersonal contact between supervisor and newcomer (Reichers, 1987), or at least more interpersonal contact than tenured employees receive for the same job function. This phase is crucial in shaping the individual's long-term orientation to the organization (Louis, 1980; Van Maanen, 1976). If the recruits' expectations are congruent with their initial assumptions, the entry phase reinforces pre-existing beliefs and practices (Jablin, 1984). If however, some incongruence emerges between pre-existing beliefs and actual

observations, the employee will have to divorce him/herself from the former notion.

According to Louis (1980), it typically takes 6 to 10 months for the newcomer to learn the ropes of the new setting. During this period, new hires often have the opportunity for formalized training and informal help; as they are often encouraged to seek assistance (Feldman & Brett, 1983).

During the assimilation phase a recruit enters the **adaptation stage** (Louis, 1980) or **metamorphosis stage** (Jablin, 1987; Van Maanen, 1975a). At this point the newcomer becomes an insider. Here the recruit is entrusted with privileged information, including informal networks, is encouraged to represent the organization, and is sought out for advice and counsel by others. At this point the recruit should now be able to make sense of and take-for-granted the organizational culture around him/her. Note however, the recruit is "trusted" with the privileged information and is not the first employee to know about or create the privileged information. In addition, the new employee is also encouraged to represent the organization but is not the veteran doing the "encouraging." Therefore, although the employee may now be trusted or encouraged, s/he has still not reached the point of "tenure."

The term metamorphosis in biology is reserved for a passing quiescent (inactive) stage that does not correspond to adulthood or maturity. This stage is just a "phase" in the

development of a "being," much like the tadpole corresponds to the development of a frog. Arguably, the "metamorphosis" stage of socialization as outlined by Jablin (1987) is poorly labeled, because Jablin lists this as the last stage (comparable to adulthood) before exit. Yet, in biology metamorphosis does not correspond to adulthood or maturity and is not the last stage of development before death (or exit). Although metamorphosis is certainly part of the assimilation process, it need not be the last stage before organizational exit. Therefore the socialization process needs at least one more phase that is indicative of maturity or adulthood, before one disengages from the organization, since the metamorphosis does not fill this need.

Finally, Jablin (1987) suggests that the final phase of socialization is "exit," whereby the employee plans to disengage from the organization. Organizational exit may either be voluntary or involuntary.

This stage model may be critiqued on three grounds. First, as Bullis and Bach (1989) argue, socialization is a process. It is therefore misleading to label a process with a decisive end. This becomes more apparent when we consider that for all individuals, the socialization process does not follow a standard course because an infinite number of possibilities could occur while being socialization.

Second, with the exception of Feldman's "role management stage" (1977) and Wilson's "mutuality" and

"commitment/identification" stage (1986), previous literature on organizational socialization indicates that new employees move from newcomer to exiting employee, without elevating to a stage where the employee is in essence, "tenured" (Jablin, 1984; Jablin, 1987; Van Maanen, 1975a). At this point, the employee would figuratively be, "on the other side of the fence," and would no longer actively seek the four acquisition requirements outlined by Caplow (1964): 1) developing a new self-image, 2) establishing new interpersonal relationships, 3) acquiring new values, 4) learning a new set of behaviors. Rather these "tenured" employees would assist the newcomers in achieving the above four requirements. This is not to suggest that "tenured" employees have themselves completed the process of socialization, rather they have simply graduated to a different phase.

Third, Feldman, (1977) describes "role management" as the final phase of socialization (he does not include disengagement in the socialization process). Here the employee attempts to manage: 1) conflict between work-life and home-life, and 2) conflict between work demands. Feldman's above two requirements of the role management phase may be plausible but they are in no way exclusive to the role management phase, since these demands are placed on employees throughout the socialization phase.

Feldman's (1977) "role management phase" combined with Caplow's (1964) requirements for socialization, suggest for a

phase that extends beyond the current paradigm of employee socialization. Here, it will be assumed that "tenured" employees have already established: 1) their own self-image; 2) interpersonal relationships with co-workers; 3) their own values; 4) a learned set of behaviors (Caplow, 1964). The "tenured" employee will experience demands between: 5) work-life and home-life; and 6) conflict of work demands (Feldman, 1977).

To date, researchers have not closely examined significant events during the "role management" stage. Certainly the period of role management is not a vacuous stage in socialization where nothing happens! An employee spends most of his/her working career in the "tenured" phase of socialization; therefore justifying the importance of this area of study. If employed are in this phase, they will : 1) have "achieved" Caplow's four requirements, 2) consider themselves to have "learned the ropes," 3) no longer experience "surprise" or role shock, 4) manage their "role" in the organization, and 5) have a sense of seniority in the organization 6) see a role to socialize, direct and instruct newcomers in the organization.

Jablin (1984, p. 596) states, "organizational socialization can be characterized as the process by which new (and continuing) organizational members learn and adapt to the norms expectations and perspectives of their organization and **its members**" (emphasis added). While this description of

organizational socialization is accurate, the final statement, "**its members**," is not accounted for in Jablin's four phases (anticipation, entry, assimilation, exit). Rather, "**its members**" presupposes that "socialized" members are already part of the organization and have been so long before new members attempt to learn and adapt to the norms of the organization. In addition, "**its members**" is not accounted for in stages or steps that a recruit must pass through in order to become an "insider." It would be difficult to label each stage as having a particular time limit that one must pass through in order to get to the next stage, since apparently socialization and sense-making is an exclusive act that is unique to both the organization and the individual.

#### Tenured Employees and Organizational Change

Van Maanen and Schein (1979) highlight some well grounded assumptions about socialization, three of which are particularly compelling and will be adopted to support the assertions made above. First, Van Maanen and Schein suggest that individuals who undergo organizational transition experience anxiety in certain situations. The authors suggest that newcomer anxiety results from feelings of loneliness, isolation, and a lack of identification with the organization. Conceivably, veteran managers who are linked to reorganization would experience similar feelings, because individual departments within the health care facility are under review for being phased out or transferred to another facility.

Such "competition" might encourage feelings of loneliness and isolation, since managers would have to put the best interests of themselves, or their department before those of other departments or the entire health care facility, thus "losing" the notion of the organizational "family" or "team." Positive identification with the hospital might be jeopardized since the very existence of departments and the entire hospital is in question. (Why would one want to positively identify themselves with a sinking ship?)

Different types of transitions will raise different levels of anxiety (Van Maanen & Schein, 1979). It is reasonable to assume that loss of employment or the relocation of an entire department to another facility would be a major transition and create an significant level of anxiety on the part of the employee. A high level of anxiety could **increase** feelings of loneliness, isolation, and incompetence, and **decrease** levels of commitment and identification with the organization.

Van Maanen and Schein (1979) elaborate on a second assumption in support of organizational socialization theory. They suggest that individuals are unique and therefore are socialized differently. When extending this assumption further, it becomes apparent that uniqueness does not end when an employee makes the transition from newcomer to tenured employee. Rather individuals maintain their uniqueness simply because they are individuals. Making sense of new information

during any point of employment is also based upon individuality. Individuals assess, comprehend and make sense of information at different rates and at different levels. Although socialization might be a factor as to how an employee makes sense of information, it is certainly just one variable in a myriad of possibilities for influencing how one makes sense of information. Note also that each employee will act differently on what s/he comprehends.

Van Maanen and Schein (1979) develop a third assumption about newcomer socialization, that can be further extended. The significance of "reality shock" (Hughes, 1958) or surprise (Louis, 1980) should be developed beyond the confines of **newcomer** sense making to that of **new information** or **change** sense making. Research on newcomer sense making has been oriented to those individuals who are initial hires in an organization, whereas new information sense making is a broader category that includes sense making on the part of the initial hire **as well as the veteran employee who experiences some sort of transition or turning point within the organizational environment** (job change, loss of job, organizational change, introduction of new computer system, etc.).

This study extends the concept of new information sense making during change, since "leaning the ropes" is not a discrete process in organizations. Change, flux, reorganization, and disorganization are constant



organizational themes. The Canadian, and Albertan health care industry in particular, is undergoing many "change pains." The inevitable is clearly apparent, change must occur in order to establish more efficiently operated health care facilities.

#### Organizational Change and Uncertainty

Miller and Jablin (1991, p. 94) state that "entry may represent the most critical time of employees' role learning."

Clearly entry is a crucial period to employer and employee so that both parties can negotiate what is expected of the other in defining roles. However one should not conclude that this is the most important phase in employees role learning, since sense-making is not a static process that all employees go through at the same rate, with equal ease. Just as a newcomer experiences "change" and uncertainty in their new environment, so to would a tenured employee whose environment has transformed into one of flux and turmoil.

It should be understood that most new employees **expect** a certain amount of surprise or role shock since many new employees express that they must "learn the ropes" (Louis, 1980; Van Maanen & Schein, 1979). However, for tenured employees who have felt comfortable in their work environment, and then suddenly realize that instability, change, flux, and reorganization are now realistic occurrences in their organization, the "surprise" or "role shock" that they might be experiencing may not be as pleasant, rewarding,

exhilarating, or challenging as the initial "role shock" or "surprise" that the employee experienced during his/her entry phase. Quite often these employees are witnessing the demise of their organization. If the organization ceases to exist, or is reorganized dramatically employees most likely will experience high levels of uncertainty.

Uncertainty reduction theory is a suitable framework from which to study new information sense making and organizational socialization for three reasons. First, uncertainty reduction and new information sense making are both a function of communication. Second, uncertainty reduction and sense making compliment one another, as one makes sense, one reduces uncertainty. Third, as one reduces uncertainty, one will advance in the socialization process.

Planalp and Honeycutt (1985) suggest that communication can increase uncertainty when communication is inconsistent with prior established knowledge. For instance, when tenured employees receive "word" that they will be laid off, this communication will increase uncertainty about future employment,

It is postulated that new employees experience uncertainty readily during the entry phase of socialization (Miller & Jablin, 1991; Wilson, 1984; Wilson, 1986). Since change itself promotes uncertainty, tenured employees will undoubtedly experience a different kind of uncertainty during reorganization. As Berger (1987a) notes, uncertainty levels

are important in relationships beyond the initial stages of their formation. While newcomer uncertainty might be more introspective ("How will I fit in?"), tenured uncertainty might be categorized as more pervasive, since many employees are affected by the same problem, ("Am I expendable?" "How many people will they lay off?" "How much seniority do I have?" "Are they telling the truth?" etc.).

Even more, tenured employees who are experiencing organizational change will experience an altogether different kind of uncertainty. In one respect they know where they "stand" in the organization because they are in familiar territory. However, the organization is now changing around them, so what was taken for granted as "certain" in the past is now very uncertain. Therefore tenured employees must make sense of this new information, by attempting to reduce uncertainty through communication. Berger (1987) offers three propositions that pertain to the study of communication and uncertainty reduction theory. He suggests, 1) adaptation is essential for survival, 2) adaptation is only possible through the reduction of uncertainty, and 3) uncertainty can be both reduced and produced through communication activities.

#### Organizational Change

March (1981, p.564) defines organizational change as, "an ecology of concurrent responses in various parts of an organization to various interconnected parts of the environment." He continues by suggesting that "organizational

change theory" and "ordinary action theory" should not possess different fundamental structures because the same processes (rule following, problem solving, conflict, learning, contagion, and regeneration) occur in all organizations. While his assertion may hold some merit, for the purposes of this project a distinction will be made between "situation normal" and "massive organizational change," in order to study how managers come to know information about the change, and how they attempt to relinquish information about the change to their subordinates.

Baldrige and Deal (1977) note that almost all of the major traditions of research on organizational change focus on one subsystem at a time. Although this method might be the most Jablin's (1987) definition of assimilation (the last phase before exit).

To summarize, organizational socialization is a series of functional way of examining organizations under change, this method certainly does not permit the researcher to understand the interconnectedness of the different subsystems within the organization or in the change unit. Baldrige and Deal (1977) further suggest that studying change is based upon perspective. Therefore the subsystem can either be acknowledged as the thing being changed or the thing that is causing the change.

It is therefore necessary to study organizational change by including "voices" from the different subsystems that are represented in the organization. This project will do this by interviewing managers from different departments and units within the organization. Hopefully the data will not be clouded by a single perspective from one subsystem, but rather the responses should reflect more clearly the process of "knowing" and "informing" information that relate to the organizational change.

### Sense Making

Communication is an essential part of sense-making in an organization. Pacanowsky and O'Donnell-Trujillo (1982) report that organizational sense-making is accomplished communicatively and displayed communicatively. Jablin, (1984) states that newcomers resort to seeking information about the expectations surrounding their role, the quality of their job performance and acceptance by group members. Information is gathered by the newcomer through various avenues and at during different stages in the assimilation process.

It is important to study sense-making or "subjective reality" as if it were "objective truth" for the individual who is attempting to make sense of his or her new work environment, since it reduces uncertainty and provides meaning and structure to unfamiliar organizational events and features (Feldman & Brett, 1983; Louis, 1980; Van Maanen, 1978; Weick, 1977; Weiss, 1978). Upon entry into the organization,

newcomers experience surprise (Louis, 1980), or role shock (Van Maanen, 1975), which might inhibit their ability to "make sense" of their job duties, role in the organization, and the organization itself. It might then be asserted that tenured employees who endure organizational restructuring might experience some elements of surprise and role shock, since their role has completely changed.

Finally, for a new recruit to be completely socialized, he/she must take-for-granted certain practices and policies within the organization. Such "activities" will eventually become second nature. For example, a new recruit may not know how to use E-mail, and every attempt for the first week of employment may require her to ask questions of her supervisors, consult an instruction manual, or generally "fiddle" with the system until she can successfully log on, send and receive messages. This same employee 3 months later will surely take-for-granted the once confusing complexities of E-mail that she experienced while trying to accomplish the same task in the same environment.

Newcomer sense-making in organizations has generated a varied literature base (Miller & Jablin, 1991a; Miller & Jablin 1991b). However, research that has been generated in this area has advanced some relevant concepts, in that some "information seeking tactics" have been identified - overt, indirect, third party, surveillance, observation, disguising conversations, and testing limits (Miller & Jablin, 1991a).

In addition, 3 parsimonious categories of "information typologies" (referent, appraisal, and relational) are relevant of the study of newcomer sense-making in organizations. The information seeking tactics and typologies will be developed in the next two sections.

#### Review and Comparison of Newcomer Sense Making

A significant amount of literature has been dedicated to the study of newcomer sense making. Louis (1980) suggests that (1) change, (2) contrast, and (3) surprise are all part of the newcomer experience. These "experiences" will be used as a heuristic device from which to compare how the participants in this study are different from the newcomers examined by Louis (1980), since tenured employees may experience the same 3 components, but in very different contexts.

Change. According to Louis (1980 p. 235) change is defined as an "objective difference in a major feature between the new and old settings. It is the newness of the "changed to" situation that requires adjustment by the individual." Louis (1980) offers such evidence of change as a new location, new addresses, new telephone numbers, title, job description, etc.

Louis' point is directed to a new employee coming into a new organization, whereby that individual has the "taken for granted" responsibility to "change to" the new situation. Tenured employees who are currently in an organization that is

undergoing massive change do not share the same "taken for granted" adaptive power of "changing to" the new situation simply because the situation and not the employee has changed.

In the present study, employees were expected to adapt to geriatric care giving. The hospital met some resistance, since previously geriatric care was not considered "glorious work." One participant stated that in the past, most people in the organization thought that geriatric care givers were "low man on the totem pole." In this case an entire organization (approximately 700 employees) were facing a drastic change in their environment (e.g. moving from the O.R. to floor work). The employees also experienced a change in work teams, because bumping forced employees to move from unit to unit. Hence people who worked together for years soon found themselves doing different jobs, (sometimes at different sites), with different people.

The concept of change for the participants is unique, since change or the possibility of change has been an ubiquitous feature in the organization for the past 6 years. Therefore the concept of employee change should not be restricted to the model that Louis (1980) introduced. Instead, one must recognize that change is multi-faceted, dependant upon context, and perceived differently by all involved.

Contrast. According to Louis (1980) newcomers will experience contrast as they will tend to compare their former



with current employment. Furthermore, Louis asserts that this process tends to be wholly personal and is not for the most part, knowable in advance. Thus contrast tends to be unique to the individual who is undergoing the change.

Tenured employees who are enduring organization change would experience a different type of contrast since they are contrasting changes within the organization and not between different organizations. Louis suggests that contrast is a subjective and personal experience. However, the results of the study suggest that many of the managers communicated their thought processes with one another and did not internalize their perceptions of contrast.

This phenomena might occur for at least two reasons:

(1) Newcomers are contrasting the former organization to the new; hence they do not experience shame or apprehension when sharing their feelings about the change, since empathy is at premium. (2) Tenured employees have established close interpersonal networks and support structures, therefore the tenured employee would not have to live up to social desirability, but rather could "tell it like they see it," in safe a familiar surroundings.

It is important to address "contrast" as a concept during mass organizational change. March (1981) notes that the rate of adaptation mostly likely will be inconsistent with the rate of change. It is plausible to assume that the tenured employee will act as a valuable change agent. S/he might

readily contrast the "old" from the "new" organization, thus inhibiting adaptation (Rogers, 1983).

The administration tried to promote a smooth change and inadvertently addressed the issue of contrast by (1) regularly informing the employees about the current status of the organization; (2) providing an extensive educational program; (3) offering rewards; (4) hosting a "missioning celebration" (the intent was to clearly communicate to the employees "this is who we are, we should be proud"); (5) design a formal statement of "Our Mission" and "Our Vision," whereby many employees sat on committees to formulate the statement (see appendix); and finally (6) hosting several "healing services" to assist employees with coming to terms with the change.

Surprise. According to Louis surprise represents "a difference between an individual's anticipations and subsequent experiences" (1980, p. 237). Louis suggests that a newcomer may experience five forms of surprise when: (1) conscious expectations about the organization are not fulfilled; (2) expectations about oneself are unmet; (3) undesirable features about the organization surface; (4) problems arise anticipating the new experience; (5) individuals make incorrect cultural assumptions.

Interestingly enough, the participants did not characterize their experiences by using the concept of "surprise." Lack of surprise on the part of participants may be caused by one or several of the following possibilities:

(1) tenured employees "surprise" experiences are not congruent to those of newcomers; (2) change is such a pervasive feature in this particular organization and is considered normal, consequently normality is not cause for surprise; (3) tenured employees make sense of change differently than newcomers, hence surprise is not a by-product of change for the tenured employees at MSH.

The next section represents the premise of the project. A short review of newcomer sense making and the results of tenured employee sense making will be discussed.

#### Coping and Sense Making

Louis (1980) provides an extensive review of how newcomers make sense of their new environments. She suggests that sense making is the role of conscious thought in coping, in that when something out of the ordinary occurs (surprise), the individual is moved toward conscious thought and sense making begins. In support of this, Abelson (1976) believes that novel situations call for unscripted behavior, conversely one can operate from a script during normal conditions. Louis believes that a newcomer will cognitively experience events, places, and people that are not yet scripted, hence requiring the newcomer to advance conscious thought and make sense of the new situation.

#### Types of Information Sought

Until recently, few researchers have actually studied sense making and socialization practices for those tenured

employees who experience transition, reorganization, or disengagement in the work place (Bullis & Bach, 1989; Jablin, Grady, Parker, 1994; Miller, Johnson, Grau, 1994).

A large literature base establishes how newcomers develop role competencies and relationships with others (Ashford & Commings, 1985; Feldman, 1977; Katz & Kahn, 1978; Staton-Spicer & Darling, 1986). Miller and Jablin (1991) reduce the otherwise substantial list of information items sought by newcomers into three basic types: (1) referent information, regarding what is required of them (Hanger & Muchinsky, 1978: 48; see also Greller & Harold, 1975); (2) appraisal information, regarding feedback, whether they are functioning successfully (Hanger & Muchinsky, 1978: 48); and (3) relational or social information - regarding their relationship with others (Watzlavick, Beavin, & Jackson, 1967) as well as the exclusive focus of a specific message (Baxter & Wilmot, 1984).

Much of the literature based upon newcomer sense making might potentially be applied to tenured employee sense making.

Hypothetically, the above list of the types of information that newcomers collect (Miller and Jablin, 1991) could also be applied to how tenured employees make sense of reorganization or disengagement.

For instance, appraisal information, might be sought out by a tenured employee to find-out whether his/her superior thinks that he/she is performing effectively. If the answer

is yes, the tenured employee most likely will not consider disengagement. However, if the tenured employee receives unsatisfactory appraisal information, the employee may begin to prepare to disengage from the organization. Similarly, the employee may request appraisal information with regard to the status or security of the organization. If the employer reports that the organization is in fact in "trouble," the employer may recommend the employee begin a job search.

Referent information might be sought out by the tenured employee to find out what sort of task the supervisor wants accomplished. If the tenured employee is assigned a task, that person most likely will not consider disengagement. The employee may consider disengagement if s/he decides that the task is unsatisfactory or if no task is assigned at all.

Finally, relational information might be used to check the status of the relationship. If the relationship between superior/subordinate or peers within the work group is not considered rewarding on the part of the tenured employee s/he may consider disengagement.

Reorganization will surely play havoc with the types of information gathering by the tenured employee. Reorganization will affect the number and tasks assigned, the type of appraisal offered, and the significance of interpersonal relationships at the work place.

#### Information Seeking Tactics

Miller and Jablin (1991) list seven newcomer information

seeking tactics. These information seeking tactics vary in level of overtness. Information seekers will use a specific tactic that will best achieve the type of information they want. For instance, if an employee wants to know if a fellow co-worker would like to proof-read a document, s/he will most likely be more overt than if the same employee wanted to find out some personal information about his or her employer.

For the purposes of this project, Miller and Jablin's seven tactics will be used to compare newcomer information seeking tactics with new information seeking tactics which emerge due to massive organizational change.

The seven tactics are:

1) Overt questions - used when there is little chance of "losing face" or feeling embarrassed about asking a certain question (Brown & Levinson, 1978). Questioners must feel comfortable with the source that they are asking for information. Overt questions are useful because they are efficient, provide an opportunity to clarify, assist in relational development, and provide instant feedback. The use of this tactic might relate to the sensitivity of the topic, or the approachability of the source.

2) Indirect questions - used when an information seeker is uncomfortable with the source, uncomfortable asking specific questions of the source, or is uncomfortable with the topic. Such questions allow the information seeker to "save face." Common indirect questions include "hinting" and

"noninterrogative questions."

3) Third parties - here the information seeker questions secondary, rather than primary sources. Secondary sources are attractive because they are "available and convent, provide emotional support reinforce and/or confirm newcomers' impressions, and serve as informal socialization agents" (Miller & Jablin, 1991, p. 106).

4) Testing limits - in essence the information seeker, "sets up" the source or a particular situation to test the boundaries, and see how far s/he can really "go." The information seeker may try to "Garfinkel" which involves the deliberate **breaking** of stated "rules" to discover both how salient the rules are to incumbents and when these rules will be enforced (Garfinkel, 1967). This tactic may be initiated directly or might be understood through retrospective sense making. The purpose of this tactic is to test organizational and group rules. The information seeker might also try to "test" the rules (Baxter & Wilmot, 1984). Here the information seeker breaks the rules to test personal relationships and work priorities. Although the "testing limits" tactic might be effective, it could be extremely costly to the information seeker and is typically used as a last resort.

5) Disguising conversations - here the information seeker puts the target at ease, and subtly encourages the source to talk about selected topics. The information seeker is able to

probe for information that is based on the topic of conversation. The information seeker might also disclose some information, with the hope that the target will reciprocate on the same subject matter. This tactic is not "sure fire" since the information seeker has no guarantee of gaining the desired information. It is postulated that this method is used when there are high social costs and/or when seeking "face-losing" information.

6) Observing - here the target's behavior is observed in pronounced situations where the information seeker can unobtrusively collect information about the target's attitude, or how to perform a specific task. This method is inconspicuous and is pervasive in organizations, as a new hire is often told to "tag along" with a co-worker.

7) Surveillance - this tactic is similar to "observation," with the exception that surveillance is based upon retrospective sense making and the information is collected in an unsystematic fashion. Over time the retrospective accounts may compute to some form of meaning about a particular event or person.

### Summary

This study is based on how changes in the organizational life cycle effect the socialization process of tenured employees in the organization. When an organization goes through down-sizing, a merger, or an acquisition the outcome of any one of these actions will no doubt affect the



socialization process of "tenured" employees because the employee might be unemployed, bumped, promoted, transferred, etc.

Studying organizational change seems to be a logical starting point for understanding the "tenured" phase of organizational socialization for several reasons. First, veteran employees are most able to articulate that something is "different" in the organization. Newcomers might not notice or comprehend the difference. Second, **new information** sense making and organizational change share unifying characteristics, since organizational change generates the need to make sense of a changing or new situation, hence forcing the employee to "learn new ropes" and to reduce uncertainty. Third, both new information sense making and organizational change compliment the study of employee socialization because each phenomena might be useful in helping to identify certain micro-stages or themes during the "tenured" phase. Fourth, new information sense making on the part of the tenured employees (managers) and organizational change provide a rich area to study how messages about change are executed.

Therefore the following research question is explored:

RQ1: How do managers "make sense" of massive organizational change?

## Chapter 3

### Methods

#### Participants

19 (female=11, male=8) respondents participated in the study. Participants held the capacity of "out of scope employee" (non-union). The out of scope employees consisted of managers, administrators and/or board members. All participants have worked in the organization from 18 months to 25 years. The person employed for 18 months was previously a manager of the Auxiliary site (where she had been for 8 years). With the exception of the auxiliary site manager, all participants have been with the organization a minimum of three years (mean = 8.75, range 1.5-25 years). Since the organization is undergoing radical change, the organization stipulated that only out of scope employees could be studied.

#### Research Setting

A 347 bed health care facility in a western Canadian province was the setting for the study. The health care facility was in a current state of disorganization as they had been recently notified that they were **not** recommended to receive funding to begin construction on a new facility. Two days prior to the initiation of the study, the hospital executive committee received notification that the main site of the hospital would be closed and demolished. Interviews were conducted one and two days after the hospital employees were informed of the change. This information "went public"

during the final day of data collection. Prior to this announcement, the health care facility had undergone several major changes, the primary change being the conversion to a long term, geriatric care center.

At the time of the study the staff at the hospital was attempting to make sense of "what was going on," as the status of the hospital changed on a consistent basis. Furthermore, the staff was attempting to "carve out" new roles for themselves, as their job descriptions and tasks had changed markedly since the first reorganization (losing pediatrics, obstetrics and gynecology) to the present reorganization (losing the main site). Many of the staff feel "privileged" to have kept their jobs to this juncture, as many of their co-workers have been let-go.

The disorganization represents the finale of a controversial relationship with another hospital in the same city. The negative association has been battled out in the press and has been a decisive issue in the city for 17 years.

Hence, many the staff have feelings that they've lost both the battle and the war. (For more information on the setting and past history, see appendix A).

#### Data Collection

Two types of descriptive qualitative analysis comprise the study. First, interviews were conducted with 19 out of scope personnel at MSH. The interviews were based upon the information seeking and relinquishing environments on the part

of the managers at the health care facility. Interview time ranged from approximately 40 minutes to 1 hour 30 minutes. With the exception of two interviews, all sessions were conducted in an isolated conference room in the main site of the health care facility. Each participant had signed a consent form insuring anonymity.

The interview schedule consisted of 5 parts with 13 prepared questions. In the first part the study was introduced and the respondent was asked general "demographic-type" questions. The second section consisted of the interviewee's recollection of a significant change in the organization in the past five years. During part three of the interview schedule, the respondent was asked to describe how s/he received information about the change that was previously described. The forth part of the schedule was based upon how the participant conveyed information to their staff about the change that they previously described. The final section of the schedule queried the participants' managerial philosophies and perception of role within the organization (See Appendix C for interview schedule).

Second, written information (newspaper articles, and formal MSH publications) were a foundation for writing the case study. Formal information distributed by MSH (memos', mission and values statement, and Board of Director's orientation manual) were analyzed for content, and triangulated for consistency with the information received

during interviews.

### Data Analysis

Qualitative data were coded and analyzed based upon the principles outlined by Glaser (1965) for use of the constant comparison method. The constant comparative method is a fitting model from which to classify data revealed during exploratory research, because the method is concerned with generating and plausibly suggesting many properties and hypotheses about a general phenomenon (Glaser, 1965).

The data analysis followed the first 3 stages of Glaser's 4 stage constant comparative method. The fourth stage was not employed because was not relevant to generate new theory. Glaser's constant comparison method is described below."

Step 1 - Comparing incidents applicable to each category. 785 significant statements, from interviews with 19 subjects were written on 3 X 5 note cards. A statement was deemed significant because: (1) the question was answered by the statement; (2) the information was relevant to the purpose of the study; and (3) the statement was an accurate assessment of the "situation" based upon the participants subjective reality. Hence statements such as "I think that John, my supervisor feels..." were not included because the statement was based in speculation.

Each participant was labeled with a number from 1-19. Each number was attached to the corresponding statement so that generalizations might later be drawn regarding "position"

in the organization and sense-making tactics.

Information was coded by looking for both distinct similarities and differences to responses during each interview. The constant comparison method was adopted because it generates theoretical properties of each category as it emerges (Glaser, 1965). During this stage, an effort was made to ground the original categories in theory and not in subjective speculation or interpretation. This was done by comparing each statement with another statement in order to uncover unifying themes.

Step 2 - Integrating categories and their properties.

Using the principles outlined by Glaser (1965), a shift was made during the sorting process to compare statements with properties from categories which emerged by previously comparing statement to statement. Initially, 42 categories were established from trends and themes that emerged as the statements were sorted.

Step 3 - Delimiting the theory. Glaser states that delimiting occurs at two levels: (1) the theory and (2) the original list of categories proposed for coding (1965). First, the theory was delimited by narrowing the focus of the study to tenured employee sense making during organizational change. Doing so insured that the categories defined during the pervious two steps were parsimonious, clear and relevant to the narrowed theory.

Second, the original 42 categories were refined to 36

categories, because the original group was neither mutually exclusive or collectively exhaustive. After reviewing the 36 categories, it was apparent that theoretical saturation had occurred, in that no new categories or sub-categories emerged from the data (Glaser, 1965). In order to facilitate saturation, an additional category labeled deviant, was comprised of 39 cards that were incongruent with the final 36 categories. From these 36 categories 21 were relevant to the narrowed theme of tenured employee sense making during organizational change.

Step 4 - Writing Theory. Using the forementioned 21 categories, and a process of inductive delimiting, three sense making tenses were advanced; retrospective, immediate, and prospective. These sense making tenses provide a general schematic as to how tenured employees make sense of pervasive organizational change. The sense making tenses and their supporting categories which emerged during the delimiting process will be advanced to establish a theory as to how tenured employees make sense of organizational change. The theory will be developed and discussed in Chapter's 4 and 5.

#### Reliability

Reliability was insured with the following considerations: (1) The researcher had a social and professional relationship with many of the participants. The researcher was once employed by the organization, and therefore was trusted by the interviewees. (2) The constant

comparison method by Glaser (1965) was employed. This methodology has been implemented in several qualitative studies, and is widely accepted in the social science discipline. (3) The researcher used newspaper articles, editorials, and information published by the health care facility to gauge the remarks made by some of the participants and reduce researcher bias. (4) The majority of the interviews were tape recorded (four participants preferred not to be tape recorded), this insured that the researcher could review recordings and notes after the interview session. (5) A concrete interview schedule was designed so that every participant would be asked the same questions.



## Chapter 4

### Results

#### The Interviews

19 respondents were interviewed using questions direct from the interview schedule (see Appendix C). Participants were asked the same initial questions. However, follow-probes varied in accordance with the participants response to the prepared question from the interview schedule. The participants were recruited through the Assistant Executive Director and the Director of Quality Management. Participation was completely voluntary.

The actual interview setting was held in a conference room in the main site. The room was conducive to self disclosure since the atmosphere was non-threatening and extremely private. Participants could be divided into two separate categories: (1) medical professionals (nurses, dietitian, respiratory tech, pharmacist, etc.) and (2) non-medical professionals (accountant, engineer, CEO, public relations officer, etc.). In general the non-medical staff were more "forgiving" of the immediate situation than the medical staff. This might be attributed to: (1) Non-medical staff work in separate departments on separate wings with little interaction with medical staff. Where the medical staff have a high amount of contact with one another. (2) Non-medical staff were not as "versatile" and "mobile" as medical staff (i.e. shift work, moving to different units). (3) Non-

medical staff appeared to appreciate the "bottom line" more than medical staff.

The vast majority of the participant's appeared to use the interview sessions as a form of catharsis; the participants answers could be labeled as open and unrestrained. The respondent's candor assisted in formulating the sense making typology, because they would often shift their narratives from the immediate change to potential future changes and past reorganizations. Furthermore, it became apparent that the longer or more tenured a participant was, the more s/he vacillated between the sense making tenses. Therefore, a nursing supervisor who had been with the organization for more than 20 years would reflect both positively and negatively about the past, present, and future of MSH, while another relatively younger participant pondered more about his future, and very little about past changes at MSH. Accordingly, the results indicate that the more tenured the employee, the more that s/he will alternate between the three sense making tenses.

#### Sense Making "Tenses"

Sense making "tenses" are supported by the three supra categories established by inductively delimiting the original 36 categories to 21. From this process, 21 categories support the notion that tenured employees make sense of organizational change by using three tenses: (1) prospective sense making;

(2) immediate sense making; and (3) retrospective sense making.

The notion of sense making "tenses" emerged for several reasons. First, the participants had a clear and predominant reference point to assess or measure their current situation through sense making attempts (the announcement occurred less than 24 hours before the interviews began). Although the timing of the study, hence the "reference point" was not planned, clear evidence emerged from the participants responses that sense making is in fact achieved in tenses. Evidence of this emerged because many of the responses were framed in the past, present or future using the most recent "news" as the reference point.

Second, the language used by the participants suggested that their sense making tactics were grounded by the use of reference points. For instance, one participant stated, "this time we'll try to lay off people a little differently, we'll give them a sense - we'll talk to them ahead of time." Clearly the participant's language indicates that she was anticipating, or trying to make sense of the future, by referring to past events to help "frame" the current situation. In addition, the participants grammar, particularly, verb tense (past, present, future) and qualifiers suggested that these individuals frequently refer to the one "tense" when trying to make sense of another. For instance, the above statement indicates that the respondent is

qualifying the past by anticipating the future. In general the language used by the respondents provided rich and telling information about s/he made sense of the organizational change.

Third, sense making tenses are often combined, compared and contrasted. Participants would often reflect on the past by comparing the immediate situation, or attempt to anticipate the future by reflecting on past experiences, or attempt to predict the future by referring to information that was revealed in the present. This was revealed by evaluating the "reference point" and the language of each participant. Therefore it is important to realize that the three sense making tenses were not isolated to individual stages, rather, sense making occurred by combining past experiences, current information, and speculation about the future.

The three sense making tenses uncovered during the course of the study will be outlined during the remainder of this chapter. Each tense will be supported by the categories identified through data collected during the interviews.

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Insert figure 1  
about here.

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### Prospective Sense Making

This category emerged from a cluster of responses with an overwhelming theme to predict, understand, or cope with future implications. Responses that comprise this category reveal an attempt to make sense of the future. This was done by trying to predict the fate of (1) the health care facility; (2) the department in which they worked; (3) co-worker's employment; (4) their own employment.

The participants responses also suggest that they would equate their prospective sense making tactics with past experiences. This implies that previous incidents influenced the way in which the participants make sense of their future. Hence, because one manager did have a difficult time laying off employees (i.e. law suits were filed against the hospital for wrongful termination of employment), her reality was "shaped" to include that aspect of change while prospective sense making. Arguably, another manager who did not share the same history would not be as concerned about termination procedures.

Another function of prospective sense making was that it offered a sense of stability for the participants by predicting the future. This was achieved by attempting to answer questions, that were not being answered. For instance, **speculation** was used to predict when the main site of the hospital would be closed. In fact, some nurses were waging bets as to what day the site would be officially closed.

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Insert figure 2.

about here.

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It is apparent that there is both an intrapersonal and interpersonal dimension to prospective sense making. Participants revealed that they made sense of information differently using their own subjective reality, hence they were intrapersonal prospective sense making. It also became apparent that groups employed their collective realities to try and predict the future (i.e. interpersonal sense making)

#### Intrapersonal Prospective Sense Making

The intrapersonal cognitive function, occurs when one: (1) attempts to plan steps, strategies or responses ("You get to know how to tell the staff things, you get to know how to break the news to them"); (2) tries to make sense or understand his/her future by looking at his/her past ("At times you hope you're one of the layoffs because there is such animosity for those who stay especially in the administrative type positions"); or (3) attempts to make a prediction or understand the future, without having a particular bias of expectation ("If I had my choice I would still want to work for a few years"). In essence, this category is designed to include the participants personal convictions and beliefs, hence sense making, about the reorganization. Two statements

offered by two different respondents clearly support the above assertion. One nursing supervisor stated, "I honestly don't know what I'm more fearful of - my job going or someone telling me we still have a job for you...you'll be one of the survivors. A non-medical professional asserted, "I guess I'm fortunate where I'm not specialized like a nurse - where when a job is done its done, I'm free to go outside of health care." The intrapersonal sense making process is supported by three categories; hope, uncertainty, and expectation.

Hope. Thirteen responses highlighted the feeling of hope and optimism in the organization. All of the responses were future-oriented in that there was a clear desired for a prosperous future at MSH. Many of the respondents indicated that the switch to geriatric treatment, although traumatic, was "their new lease on life." Others used hope or optimism as a verb; we are all **hoping** for good news (in the future). Hope was also communicated through actions. For instance, senior administration allocated funding to paint and renovate nursing units in order to instill a feeling of optimism. In addition, this action provided a feeling of permanence for the employees; "why would we paint and renovate if it's going to be torn down?" Many of the respondents described themselves as "a positive person," by looking for the best in their staff and for the future of MSH. None of the managers felt that it was time to give up, therefore suggesting that they anticipated a future for MSH.

Expectation. The next category of prospective sense making is the most concrete and explicit. Expectation is a state of recognizing great potential for a situation, action or result to occur. For example, one respondent stated, "these changes aren't gonna happen over night, but they are gonna happen." Still another participant was even more confident, by declaring "this time we'll try to lay off people a little differently - we'll give them a sense - we'll talk to them a head of time."

It appears that at this point the subject has reached the "highest" level of prospective sense making when they not only predict their future but also verbalize their ability to accept the consequences of their prediction. For instance one employee stated, "I've planned for it the last couple of years (being laid off), but I wish I would have save more money in the bank." Here the participant no longer hopes for something to happen, but is certain that it (something) will happen. When one is in a state of expectation, s/he designs their current actions to be congruent with expected outcomes. For instance, one participant was saving money because he was certain that he would be laid off shortly.

In many respects their prediction is operationalized through making sense of the situation. In many of the statements the subjects are resigned to the fact that their prediction will come true, even though no concrete details were confirmed by the government. For example, one



participant stated, "for the transition we need to consider severance packages, counseling and job retraining." Although no job loss numbers were offered by the Minister of Health.

Uncertainty. Two "types" of uncertainty were experienced by the participants of the study. The first type, which is not a sub-sub category, is a stimulus which encouraged the sense making process. Since the situation (after the announcement by the Minister of Health) was not "normal" and therefore very "uncertain" the participants were required to consciously make sense of the situation, and not operate from "scripts."

The second type of uncertainty, which this category was coded for, was uncertainty as a reaction of the participants prospective sense making. Here the participants' intrapersonal prospective sense making is indicated by **feelings** of uncertainty, rather than the situation being uncertain. The vast majority of statements by the participants relate to the uncertainty in the work environment. These statements are oriented toward the future. The participants noted that they try to reduce uncertainty by providing information to their staff about the changes on a frequent basis. For instance one participant stated, "I reduce uncertainty by sharing with them what I know, and on days I don't know anything, I tell them, I don't know."

According to the participants' statements, reducing uncertainty, by providing information to the staff assists

with prospective sense making, since concerning oneself with possible variations of future outcomes assists with uncertainty reduction.

#### Interpersonal Prospective Sense Making

The interpersonal sense making grouping emerged because many of the respondents spoke about their ability to communicate with others in the organization about the changes. Some departments actually hold weekly meetings where speculation about the future of MSH is almost always an agenda item. All of the participants remarked on the efficiency of the hospital rumor mill. Many of the respondents stated that they openly attempted to share information with their employees to help them better understand the situation in the hospital. Finally, a majority of participants stated that they asked overt questions to get more information about the future of MSH.

Rumor. Interpersonal communication emerged when interviewees articulated that they or others in the organization attempted to anticipate, speculate, or predict the future. The primary method of interpersonal prospective sense making interpersonally was through rumor. Interestingly, rumors are considered to be somewhat credible in the organization, since many of them have become true. Note that all of the rumors reported were future-oriented and attempted to provide answers to the uncertain situation of the organization. Rumors are an efficient method of prospective

sense making because according to the respondents: they are quick, accessible to all, frequently accurate, informal, captivating, and assist in providing more certainty in an uncertain situation.

Prospective sense making in the form of rumor appeared to be more predominant in certain locations and with certain people in the organization. The smoke room was identified as a primary source of rumor dissemination throughout MSH. One respondent suggested that if you are a smoker you can gossip twice a day for 15 minutes. Another subject indicated that the members of the smoke room knew all the answers; they were the root of the rumor mill.

The Auxiliary Hospital was another location that was recognized for its rumor spreading potential. Since this facility was actually attached to the "other hospital" (TRH), but was governed by MSH, it was considered a safe haven for rumor exchange between the two competitors.

Certain people were also identified for their rumor spreading ability. The secretarial pool was identified as being involved with rumor spreading. In fact, one participant indicated that he could not trust his secretary. Physicians were also associated with spreading rumors because they frequented both organizations and were credited with a certain amount of ethos. Housekeeping staff were noted as being particularly successful in acquiring information about possible actions considered by the board of directors and/or

administrative council. One particular incident was repeated several times. Apparently, after a board meeting, some speculative information was left on the dry erase board. The housekeeping staff took this information, deciphered it, and spread a rumor through the entire organization. Soon everyone knew the results of the negotiations before the administration could make a formal announcement to the staff, thus supporting prospective sense-making on a large scale.

Sharing Information. Many of the respondents stated that they would attempt to share information with their employees so that they would better be able to understand the future of MSH. Sharing of information was accomplished in several formats. For instance the Executive and Assistant Executive Directors would often call town hall meetings where more than 200 employees would often attend. The Executive Director would also send out a newsletter entitled the "advisor" after every change or announcement. The individual managers would also attempt to share information by calling meetings, recording information in a book (which everyone was required to read), and talking one to one with individual employees.

Overt Questions. Asking overt questions was the final method of interpersonal prospective sense making interpersonally. Staff members would query if they would receive benefits or U.I.C. (Unemployment Insurance Canada) before an announcement was made as to who would be laid off. One director asked his managers if they would be willing to be

more "entrepreneurial - in order to preserve us." A group of nurses started a pool by asking "what day do you think we are going to be shut down?"

Note that all of the overt questions were in response to the predicted demise of the hospital.

### Immediate Sense Making

Immediate or present day sense making emerged as a second supra category after the data were coded. This grouping evolved because the participants' responses pertained to the current or "today" status of the employees and the organization. The responses revealed that interviewees were centered on the "now" or "present tense." This type of sense making appeared to be reactionary in nature, in that it was not advanced to "prepare a plan," but rather to attach a "label" or "blanket statement" to account for the changes. In other words, the participants did not "plan strategy" after hearing the devastating announcement, rather their statements represented catharsis, shock, and perhaps exhaustion. As one participant stated, "there is no time line or game plan, everyone is stressed out to the nines."

The participants did not pose possible solutions but rather articulated: (1) statements that blamed others; (2) feelings of vulnerability (i.e. concerns about their employment); (3) a desire to maintain normalcy or the status quo; and (4) attempts to diagnosis the "situation."

In this case, immediate sense making appears to be a reaction to the feelings of "shock" or "numbness" that the participants felt just after the announcement (the main sight of the hospital would be closed). For instance, participants articulated feelings of shock and disbelief. They also indicated that someone or something should be held accountable or responsible for the content of the announcement; hence "blame" emerged as a category.

Immediate sense making has a narrow range. To clarify, if one were to compare the entire sense making process with ripples that form in a puddle after a stone is dropped, immediate sense making would account for the first one or two circles nearest to the deposited stone. Prospective and retrospective sense making are larger in scope and respectively focus on the "future" and "history" of the situation. According to the data collected, immediate sense making did not focus on "the big picture" but rather concerned itself with more narrow perspectives, which are identified as blame, vulnerability, normalcy, and diagnosis (see Figure 1).

#### Blame

All the participants assigned blame to a person, group, organization (including MSH), and agency or government for the current reorganization. The participants "made sense" or "coped" with the change by assigning responsibility to someone other than themselves personally. Their response, hence their sense making, was virtually immediate since there was an

insufficient amount of time to make sense of a situation retrospectively (between 24 and 48 hours).

Four predominate types of blame emerged from the data:

Individual blame. Here one or two people were clearly identified and given responsibility for the demise of the hospital. The individuals identified were either credited with doing "too much" or "too little." Accordingly, their actions directly affected the status of the hospital. For instance, one participant stated, "those two doctors are bastards, maybe traitors is a better word for them." Another respondent felt that the bishop's lack of support was detrimental to MSH.

Group or organization blame. In this category a particular group or governmental agency was deemed accountable for the announcement. In this category the group or agency is considered to be an "opposing force." Respondents identified both the regional health authority board and the Minister of Health for the closure of the main site.

Situational blame. Respondents blamed the current economic and political situation on the hospital closure. Many of the participants declared that the announcement was a "sign of the times." Others were less charitable, suggesting that MSH "was the scape goat and took the economic hit."

Organization blame. The data supporting the last category were somewhat surprising. The respondents in this category, all were non-medical staff felt that in some

respects MSH could be blamed for the closure of the main site. The participants felt as though they held on "too long to the active treatment and should have embraced the role of a geriatric center of excellence, then we would have gotten a new facility and the government couldn't have shut us down."

### Vulnerability

Many respondents articulated apprehension about the stability of their **current** employment. Their statements did not reflect an interest in the long term or speculation about the future. Rather the statements were focused on the "now" or "today." An overriding theme suggested by most of the respondents was the feeling of vulnerability. For instance one participant stated, "I'm feeling vulnerable - as far as my job goes. My programs are very hard hit so I'm feeling vulnerable about my job." Another respondent expressed feelings of vulnerability for his employees and his own position, he stated, "It's my job to worry about everyone else's job that works here, but I'm also worried about my own tail."

Other participants compared the vulnerability of their positions with other co-works, as "Susan" noted, "Now I wonder who the loser is - "Shelley's" got a job here as an educator, her job is pretty firm, mine isn't."

### Normalcy

Another category that may or may not be exclusive to the present day sense-making at MSH is normalcy. Several participants revealed that they were trying to operate with



a "business as usual" mentality. This attitude was projected as a present day goal and not contingent on the future or past. Most importantly however, the participants most likely would have never stated a desire to maintain normalcy in a "normal" situation. Therefore, the change acted as a stimulus for the participants to realize that they could no longer operate from their day to day scripts. Rather the participants that the situation was not "normal" and therefore were operating by unscripted behavior, which was foreign and prompted feelings of uncertainty.

One participant remarked, "We try and maintain some normalcy 'cause regardless of what happens these patients have to be looked after, they still have their problems, we try to be as normal as we can." Note how the respondent qualified the statement and the situation by declaring "we try to be as normal **as we can.**" Thus supporting the notion that the employees were operating in an unscripted environment.

Other respondents desired normalcy to uphold their job requirements. For instance, "we still have a job to do and that can be challenging because we are open 24 hours a day, 7 days a week, 365 days a year." Another stated, "we all still are here and have a job, and the patients are still here, so we need to focus on what we do know and what is here - today."

### Diagnosis

A number of participants indicated that they or their staff were having difficulty coping with the current changes

at MSH. Interestingly, many of the participants were medical professionals, and their vocations require them to make diagnosis of their patients. It appears that their "diagnosis" is another indicator of immediate sense making, because their vocabulary is indicative of their "reality." As such some of the statements suggest that the participants were making sense of the changes by applying their education and training or "their reality" to the situation at hand. Some statements suggest that the participants were placing meaning on fellow co-workers actions from a medical perspective. It is apparent that the participants were using language that shaped their reality as medical professionals. For instance, one participant stated, "for some, this is their life focus - they're devastated, they're sick, they're physically sick" and "sometimes our humor is a symptom - out of nervousness, our own frustration and anxiety."

Some non-medical participants also made diagnoses, but their language was much different and their sense making reflected their own subjective realities. Therefore, rather than talking about "symptoms" and "cancers," the non-medical professionals tended to refer to realities in their professions (i.e. "bottom line"). As one non-medical professional stated, "I've noticed an increase in requests for time off from the staff."

It is important to consider the implications of immediate sense making because the sense making process appears to begin

to "work" immediately after a predominate circumstance or predicament occurs within an organization. In the case of MSH the participants were prepared to: (1) blame; (2) consider the security of their employment; (3) determine that operations were not "normal;" and (4) make a diagnosis that some of the employees of the hospital (including themselves) were not coping with the announcement.

### Retrospective Sense Making

A significant number of statements coded from the data exhibited retrospective sense making themes. Retrospective sense making involves the participant's conscious contemplation about a past event or occurrence that either had or presently holds a notable level of significance to the participant. Therefore, an event might have been significant in the past and remains so in the present, and is therefore consciously contemplated. For example, after the hospital lost the first active treatment department the employees "mourned" the loss of the department. Many employee conversations and administrative strategies were oriented toward the preservation of active treatment care.

Conversely, an event might not have been significant at the onset, but over a period of time, the participant consciously comprehends the significance of the event. For instance, one participant stated that before he got his new position he was asked subtle questions. However, it wasn't

until after he received the promotion that he made sense of why he was being "suggested" by the subtle questions.

As illustrated by the respondents, retrospective sense making is a powerful mental tool which assists in understanding past events. Retrospective sense making also helps the participant to comprehend possible present and future outcomes which may occur from reorganization. This sense making tactic is formulated from past events that compose the participant's subjective reality, and in turn, the subjective reality assists in formulating retrospective sense making.

To illustrate the cyclical relationship between retrospective sense making and subjective reality consider the following example. Some participants who were not medical professionals (i.e. accountant, engineer, finance director, public relations specialist) viewed the organizational change as "fiscally responsible," hence their views were congruent with information that they acquired during their education and with daily practices as administrators of non-medical departments. However, those participants who were concerned primarily with the health and well-being of patients or staff members did not rationalize the changes by suggesting that they were fiscally responsible. The discrepancy between the above two groups suggest that one's subjective reality may influence their retrospective sense making.

The subjective reality (opinion, judgement, education,

experience, etc.) acquired by the individual help to "guide" immediate and prospective sense making processes about the situation. Therefore the participants subjective reality assists in all three sense making tenses; however subjective reality is closely tied with retrospective sense making because the participants "realities" are molded by their comprehension of past events and changes within the organization.

According to the data uncovered during the interviews, participants would attribute meaning to an incident that occurred in the past and then make some tacit comparison to the current change. Hence they were employing their subjective realities by using information, opinions, or judgements from their retrospective sense making tactics and applying them to current and future situations or implications. For instance one participant suggested, "Ya, we probably hung on too long to too many things. The O.R. - we should have dumped that along time ago." Another suggested, "We probably should have embraced the role of a geriatric unit 4 years ago, but we thought that we were doing the right thing by holding on." The participants felt that the hospital would have been in a better situation had they not fought to keep the active treatment units, because the hospital would have then had a new geriatric building, which politically would have been more difficult for the government to close. Notice that these statements also apply blame to the organization,

for not "embracing the role of a geriatric treatment facility."

Participants retrospectively made sense of information for (1) the self, and (2) the organization. Retrospective statements which reflected a "self-orientation" included, "And then you think, if I'd have known then what I know now, then I would have understood what they were saying." Another participant stated, "I did the layoffs right here in this room, every time I come into here, I feel it." Some participants also retrospectively made sense of their current situation from a past-present perspective. For instance, "I think that I should have gotten my Masters Degree before everything got away on me." Another stated, "I came to work here because of the supposed stability in health care and the government."

The respondents' retrospectively made sense of the situation from an "organization-orientation." In this case the focus of the sense making is placed on the organization, and not on the self. For instance, "Now they tell us, if you hadn't have been so damn stubborn, you'd have had your building." Another respondent commented, "before I started here there was very little trust, now it appears as though there is a lot more trust in the organization."

Other methods of retrospective sense making are highlighted in the following section. During the course of the interviews, some very clear and definable methods of

retrospective sense making other than simple statements became prevalent. They include: stories, metaphors, and learned reactions.

### Stories

Stories are an effective method of recalling the past and making sense of a particular incident or situation. Eleven stories were told about past incidents that the employees had experienced at MSH. Although the number of stories is limited, the narratives are rich with information as to how each participant made sense of a situation that was a significant part of their subjective reality. It appears that stories are used to amplify or reinforce a particular point that was meaningful to the respondent.

For instance one participant stated, "I play a lot of golf. So did the administrator at that time. Occasionally I would see him out on the course, and a few times we played together. Well one day after we had golfed together, the assistant administrator pulled me aside and told me that it wasn't appropriate for me to play golf with the administrator since I wasn't in management (at the time)." With this story, the participant reinforced his view that the former administrator and assistant administrator favored a top down management style, as opposed to the current, "more open" executive.

Another participant illustrated the morbid atmosphere and low morale of the staff during a reorganization. She stated

that, "First 'Bob' came over to tell 'Shelley' that she had been laid off as a manager, then he told her floor, then he came up to my floor to tell my staff. Well he said, "Shelley is no longer with us." Well my whole staff was shocked, everyone said "Oh my God" and gasped, they thought that she had died. That was the feeling around this place, it was like someone died."

Finally, a participant told a story about his first experience at MSH, and how the physical appearance of the building was incongruent with the "beauty" of the care. He stated, "I remember when we first moved here from the Archills Hospital, which was a new state of the art of the facility at that time. Well, "Carol" and I walked in here, and I remember she said, "Oh my God what a dump," and she was right. But it didn't take long to forget what the place looked like externally, because internally there was a christian warmth that I have never experienced before."

### Learned Reactions

Learned reactions emerged as another major theme. The participants indicated that the major changes have required them to take a proactive stance in dealing with the tensions of uncertainty. Learned reactions are an example of retrospective sense making because the proactive stance suggests that they (the participants) have comprehended what happened (or will happen) because of past experience and therefore are learning to understand, accept, and prepare for



the changes. In coping, many of the interviewees demonstrate that they are trying to "take care of themselves" through self direction, and/or placing limits on "how far they would go for MSH." For instance one participant stated, "My way personally of coping was to find something for myself some direction so I know where I'm going with my own life." Another stated, "I feel cheated and mad when I'm robbed of my Sunday - It's my time to cope." Another respondent coped by learning to say, "I'll quit apologizing for having this job" because she was able to keep her job, while her peer was terminated.

Other participants suggested that they looked to someone or something to provide them with inner strength in order to cope. God, faith, friendship, outside interests, and peer support were common themes. For instance, "it would be tough to get out of bed if this was the only focus - but I have another business and that's been a life saver." Another suggested, "I think that my religious beliefs and the values of MSH have helped me and maybe others get through this difficult time." Finally, one participant stated, "Our Friday meetings can turn into a bitch session, its kind of cathartic." In this instance the "bitch session" not only helped the employees to cope, but also reinforced the retrospective sense making process, because the participants "rehashed" past events, and shared subjective realities.

Clearly the participants have learned that "bitch sessions," praying to their God, and taking time out for

themselves are effective methods of coping with the situation. Note that these responses did not "emerge" overnight. Rather participants needed to go through a number of traumatic changes to develop these learned reactions.

### Metaphors

Participants used metaphors as retrospective sense making tactics when they compared a past situation to another object or thing. For the most part the metaphors were rich in description and detail. Similar to stories, the metaphors assisted in amplifying or reinforcing a point made by the respondent.

Twenty-one metaphors were used to describe the current status of MSH. The describe to the current shape of the organization, the possible fate of the organization, staff relationships, tensions of managing, job concerns, the rumor mill, and the most recent change. In some cases metaphors were used to describe the job. For instance, "I compare this job description with skeet shooting - the targets are always moving or they just aren't there."

One person suggested that the job "is much like a squirrel gnawing away at a tree, they take a chunk out every day, and after a while the tree falls down."

Metaphor were also used to characterize the changes that organization was undergoing. For instance, "MSH is like an amoeba, there are forces pushing from both the outside and inside, how we respond to them is critical." Another

participant used metaphor to compare the "naivete" of some of the employees. He stated, "It's like a bear is chasing you in a forest, do you run or do you pray? Well if you had half a head you would run and pray at the same time, that is what MSH has to do. One participant spoke of how painful the changes were to the organization. She stated, "It was just like you were watching someone cut off a chicken head." Still another respondent described the pain of the change through the metaphor of divorce.

Finally, metaphors were used to describe other people who worked in the organization. For example, "It's like crabs in a bucket, like if you're one crab you can walk out. But if there are more than one, they pull each other down." Another example was offered about the smoke room gossip, whereby the participants were compared "to mensa, except maybe on a smaller scale." The rumor mill was also characterized by suggesting that the staff at the Auxiliary act like a boarder crossing - halt and pass with information from both TRH and MSH.

### Summary

The data produced three sense making tenses. Prospective immediate and retrospective classifications emerged because the participants had a plethora of change experiences to formulate their subjective realities.

Prospective, immediate, and retrospective sense making are supported by interpersonal and intrapersonal elements, in

that the participants affirmed that they both communicated with others and internalized their feelings about the current change. The interpersonal/intrapersonal dichotomy is not only interesting because it emerged in all three sense making tenses, but it demonstrates that tenured employees who experience reorganization share similar experiences. Finally, the interpersonal/intrapersonal dichotomy demonstrates that the participants were operating from unscripted behavior, since they had to consciously "think" and "communicate" about the reorganization. This point is relevant because according to definition, a tenured employee will operate from experience because s/he has enough experience and background to operate by scripts.

## CHAPTER 5

Discussion of Findings

The findings represent how managers at a mid-size health care facility make sense of change during massive and continual reorganization. As one participant stated, "I've been here for 5 years and I can only remember 2 months where nothing serious [no change] was going on." Since the change has been so pervasive and continual, the managers and most likely all employees have had to employ different sense making tactics that occur in different tenses. It appears as though these tenses correspond with the announcement, implementation, and completion of the change process. A l l o f t h e interviewees met the requirements of being a tenured employee outlined in Chapter 2. The participants: (1) have a developed self image; (2) have well established interpersonal relationships with their co-workers; (3) secured their work values (in many respects the managers have defined the values of the organization); (4) have learned the ropes; (5) no longer experience surprise in their work environment; (6) manage their role in the organization; (7) have a sense of seniority in the organization; (8) view their role as manager to guide, direct and instruct their staff.

Since the participants were tenured employees, they had the ability to surmise or prepare for the future, manage the immediate, and understand the past. Tenured employees are

distinctly different from newcomers because they can draw on their past experiences and predictive abilities to make sense of change. Note that unwanted or hostile organizational change is the type of reorganization referred to in this study. The subjects repeatedly stated that they did not want the change to occur. Under very different circumstances others might not assert similar feelings; for instance, if the change was solicited or desired, the results might vary.

This project supports the notion that sense making occurs in different tenses during organizational change for tenured employees. Sense making is different for tenured employees because (1) they have advanced through many phases of the socialization process; (2) surprise occurs differently and less frequently because they are privy to more information and social support; (3) they have a frame of reference (past, present and future) from which to measure the change, hence they have both experience and "maturity" from which to cope with conscious-raising situations.

#### Tenured Employee Sense Making Types

The results of the study indicate that tenured employees make sense of information in the form of three tenses. Additionally, the "more tenured" the employee (longer history with the hospital, more socialized, etc.) the more s/he tends to frequently vacillate between the three sense making tenses. Hence the interviews with more tenured (greater than 8 years) employees tended to be more colourful and rich than with less

tenured employees (less than 8 years). For instance the "stories" subcategory was comprised entirely of responses from the more tenured employees. In addition, employees with higher status tended to use all three sense making tenses more than their lower status counterparts. The more tenured employees in particular would interject information about MSH's history, architecture, and "commitment to caring." In fact, the "commitment to care" comment surfaced several times from long term employees. The frequency of this comment might be due to the fact that longer term employees (1) had more pride than the less tenured employees, (2) had more "at stake" than the less tenured employees, (3) were trained in the religious tradition of the hospital, and (4) used the term much like an idiom, in that it reflected shared meaning between that "generation" of employee.

The "more-tenured-higher-status" participants would often shift between the three tenses throughout the course of the interview. They frequently combined retrospective accounts with either immediate or prospective accounts. The "less tenured lower status" respondents would still vacillate between the three tense but with less reverence than their more seasoned counterparts. Additionally, the less tenured employees retrospective sense making tactics were limited in scope and depth when compared to their more tenured counterparts. In short, it was apparent that the less tenured employees had less "history" to draw upon, therefore their

retrospective sense making was not as robust as the more tenured employees.

The less tenured, lower status employees were also more optimistic about their future than their more tenured, higher status counterparts. An argument for this finding might be that the less tenured, lower status employees were younger and had comparatively more career options (i.e. owned own business, held a general education, trained in a "high demand" career, were not "set in their ways"). Another reason might be that the more tenured employees "saw the writing on the wall" and realized that the building which represented the "MSH philosophy" would soon be torn down. The more tenured employees were tentative about the future because they realized that they were witnessing the "end of **their** era."

#### Sense Making Model

Sense making is a process from which there is no starting or ending point. Since the process is dynamic in nature, the design of the model is cyclical rather than linear.

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Insert Figure 2  
about here.

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Prospective sense making is influenced or assisted by retrospective and immediate sense making; and immediate sense making is influenced or assisted by retro and prospective sense making, etc. Hence, when a subject was trying to



forecast the future, s/he would rely upon the past and present as reference points for comparison and information.

Note that as the employee becomes more tenured, the sense making process grows in breath and depth, since s/he has more experience from which to recall the past and attempt to predict the future. The "more tenured" employee's experience provides a perspective on the immediate tense since s/he might be able to retrospectively relate a similar past event to the current situation. Whereby the less tenured employee would not have the luxury of recalling past events to help cope with the immediate situation. Therefore the less tenured, lower status employee would comprise a "flatter" diagram because they do not have the knowledge and information to facilitate the sense making process.

To simplify discussion, the sense making tenses will be discussed individually. However, keep in mind that the three sense making tenses compliment each other in a cyclical process. Also note that the overall sense making process is facilitated through both interpersonal communication and conscious thought.

#### Prospective Sense Making

Prospective sense making begins with a response from some stimuli or catalyst. For instance, when a Town Hall meeting was called at MSH, employees expected that "bad news" would be forthcoming. The notion of "bad news forthcoming" was an example of prospective sense making, since it was an

interpretation or speculation about the future - bad news would be disclosed at the Town Hall meeting. Note that there is a high degree of expectation in the above statement.

Interestingly, once prospective sense making beings, it has tendencies to spiral. For instance a common theme emerged that change caused (1) uncertainty, which caused either: (2) rumor, (3) hope, (4) or overt questions, which furnished (5) expectation or (6) more uncertainty. If during the above cycle, one does not achieve expectation, the cycle will continue to repeat itself in a "do-loop" type fashion, until the subject reaches expectation.

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Insert figure 3  
about here

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It appears as though uncertainty and expectation are dichotomous in nature. The uncertain state is characterized by "not knowing," while the expectant state is characterized by "knowing." Obviously then, expectation is on the "high end" of the prospective sense making continuum because the subject is certain that something will happen. It is important to note that the uncertain state is not any less "conscious" than the expectant state.

Uncertainty is the first product of reorganization or change that propels prospective sense making. Uncertainty arises because an individual cannot draw upon information from

the past to predict the future (retrospective sense making), nor can the individual assess the current situation (immediate sense making). Hence, according to the model, as uncertainty increases, prospective sense making decreases. Conversely, as expectation increases so does prospective sense making.

For instance, a number of respondents stated that they wished they would have saved more money or had more money in the bank. Their statements reveal that they were expectant that they would lose their jobs. Their expectation furthered their prospective sense making because they were now considering options after they would no longer receive a pay cheque from MSH. In other words, the respondents were propelling their conscious thought past their reality at MSH.

Rumor was another integral indicator of prospective sense making. The participants indicated that information extracted from rumor was not as credible, by design, as other forms of communication. For instance, many of the managers stated that rumor in the organization "was out of control," thus implying that rumor was negative. The vast majority of the managers indicated that they preferred other methods of communicating information about the change to their staff. For instance, many of the participants would organize a staff meeting so that all 3 shifts could attend, therefore not excluding any of their staff members from information. Other respondents indicated that the "communication book" (a standardized book in each department with relevant messages and information) was

their "bible" on the floor.

Interestingly, all of the managers commented on the efficiency and accuracy of the hospital rumor mill; as one respondent noted, "sometimes I think that it is more accurate than we are." However none of the participants stated that they thought that the rumor mill was beneficial to themselves or their employees. This finding is especially interesting, because the employees of the hospital appear to revere the rumor mill since they are in part responsible for its existence; however, the managers do not, since they are supposed to be releasing information through different channels.

The participants indicated that doctors, secretaries, smoke room frequenters, and custodians were all "key players" in the advancement of the rumor mill. Note that all of the identified groups were lower status than the managers (with the exception of doctors). However, the role of the doctor was lessened in the hospital for at least three reasons: (1) the hospital had shifted to geriatric care, thus requiring less medical staff, (2) doctors were blamed for the site closure after their recommendation to the provincial government, (3) the hospital has adopted a system of program management whereby the doctor was part of a decision team and was not the sole authority on the patients health.

It is interesting that the participants credited "lower status" employees with advancing the rumor mill. Their

identification suggests that they do not value the role of the rumor mill in the organization, even though it tends to be quicker and more accurate than the information that they release.

The use of rumor indicates that there were almost equal amounts of uncertainty and expectation during several of the reorganizations at MSH. The use of rumor demonstrated that "there was something to talk about" or "something would happen;" hence expectation. However the use of rumor also demonstrated that "not all was known or understood;" hence uncertainty.

In this instance the subjects stated that the rumor mill concerned itself with issues that were based in the future. For instance, questions commonly answered through conjecture included; "When will the hospital shut down?" and "What day will the layoffs occur?" All of the 40 statements about rumors that were uncovered during the interviews were present or future oriented. This finding supports the premise of prospective sense making, since the goal of prospective sense making is to attempt to predict or anticipate the future.

Hope is another indicator of prospective sense making. When one "hopes" for something, s\he is indicating a desire for a favorable outcome or future. Most of the participants expressed hope that the health care facility to remain intact. Hope at MSH was represented by the subjects stating that they wanted to maintain their jobs. They were actively "hoping"

that something would happen in the future to preserve their job (i.e. new building on the main site as soon as the old building is demolished).

The more tenured employees revealed more statements of hope than the less tenured employees. The explanation being that more tenured employees were more fearful of their futures, should they lose their jobs.

#### Tenured Employee Immediate Sense Making

Immediate sense making occurs at the moment when the change is formally announced or actually occurs. At this point the individual comprehends, comes to terms with, and begins to cope with what has happened in the "short run." Immediate sense making is analogous to a "first impression" after being introduced to a person. Immediate sense making is different from retrospective and prospective sense making, because it is based upon the individual's first thoughts and feelings about a particular situation. Accordingly, immediate sense making may or may not be congruent with prospective and retrospective thought processes, just as one's first impression may deviate from what one initially heard about another person, or after "getting to know" another person.

Evidence of immediate sense making is demonstrated by one's initial perception of the newly released information. Here the individual's "gut" reaction is the driving force as to how s/he makes sense of the information.

One's initial reaction to an impetus is guided by their subjective reality. For instance, one participant who was in his mid 20's, single, and director of financial services, was accepting of the change knowing full well that he would most likely be terminated. His youth, limited history with MSH (4 years), and career (balancing budgets) suggests that he would view the change differently from a 45 year old nursing supervisor (employed at MSH for almost 25 years), mother of 2 children (one in college), whose job duties would require her to lay off and retrain several nursing staff in three different locations. Obviously their differing subjective realities played an important role in their immediate sense making process.

It is important to note that the participants in this study were powerful change agents, and possessed the status, ethos and power to influence their subordinates with their subjective realities. Therefore it is necessary to consider how one's subjective reality and immediate sense making processes affect others in their work environment.

Although disappointed, most of the participants expected the pending outcome. It is important to note that the participants had a large amount of information about the change and had access to policy makers so that they were able to ask direct questions. However, staff members in the hospital were not privy to some information that the administrators held, therefore the staff had a higher degree

of uncertainty, found it difficult to make sense of the situation prospectively, and were "shocked" when the final decision was announced.

Accordingly, when the participant's prospective sense making was inaccurate or not fully developed, their expectations did not come to fruition, thus possessing high uncertainty and low expectation; their immediate sense making would either be incongruent with their prospective sense making, and/or would demonstrate feelings of shock or surprise. In support of this, many respondents stated that they were experiencing feelings of shock, disbelief, anger, frustration, etc. Evidence of these emotions was outlined in Chapter Four. The participants exhibited two types of emotions; (1) passive - despair, sadness, loss, numbness, mourning, shock; and (2) aggressive - panic, betrayal, hostility, anger, resent. According to the findings, evidence of immediate sense making at MSH was advanced through: (1) blaming another person or group for the unwanted change; (2) expressing concern about employment; (3) aspiring for a return to normalcy; and (4) displaying signs of not coping with the current situation. The four indicators of immediate sense making will be reviewed below.

Blame. Several of the subjects at MSH blamed another person or group for the announcement of change. Blame was the only interpersonal immediate sense making tactic revealed by the data. Those subjects who blamed an individual tended to



exhibit aggressive emotions. The vast majority of the blame was directed to someone, some group, or something outside of the organization. Many of the subjects blamed the government for not providing support or funding. Others blamed the physicians (a.k.a. "bastards" and "traitors") who did not support the institution that had been so good to them. Vehement blame occurred when one subject stated that death would occur because of the mass restructuring. She further asserted that the blood of those patients would be on the hands of CRHA.

Blame was an affective indicator of immediate sense making because the participants assigned meaning to the situation by placing responsibility on someone or something else. If the participant did not comprehend the situation, s/he would have been in shock, and would not have ability or information to blame someone or something. Assigning blame suggested that the participant comprehended the repercussions of the announcement, since he or she was not accepting responsibility, and hence made immediate sense of the situation.

Blaming also permitted the individual to maintain a certain level of social desirability with his/her peers and subordinates. This was especially important for the participants, who were connected with the change process but ultimately did not have authority to make the final decision. Blaming allowed these individuals to save face. It is also

important to note that many of the participants were key change agents. Therefore, those participants who blamed another person or party might impede the change process. For instance those participants who blamed the doctors might in the future sever a positive working relationship between their employees and the medical professionals.

Interestingly, none of the participants took responsibility for the announcement. All of the participants found someone or something to blame without "pointing the finger" at themselves or the current management team. However the "regular" hospital staff blamed the management and hospital board (as well as the government and the CHRA). This finding suggests that the management team and the hospital staff were not necessarily sharing the same realities. Since they did not draw the same conclusion as to who to blame for the announcement.

Vulnerability. Immediate concerns were vocalized about the current state of job stability. After the announcement was made the participants (especially the more tenured) indicated that they were distressed about maintaining their jobs. Concern about employment demonstrates implementation of all three sense making tenses. However the immediate sense making tense predominates, because the announcement about the change acted as a catalyst to prompt thought about massive layoffs; hence concerns about employment. The prospective and retrospective sense making also occurred at this time, because

many of the respondents referred to past changes and layoffs and expressed concerns about future financial commitments (i.e. putting son through graduate school, paying off mortgage, etc.).

Many of the participants expressed feelings of vulnerability and fear about upcoming announcements. Their concern might be attributed to the fact that all of the subjects survived one round of employment cuts, where the administrative staff was reduced from 40 to 15 staff members. The subjects' retrospective of those cuts contributed to a current feeling of vulnerability (immediate sense making) and anticipation about the forthcoming announcement (prospective sense making).

Diagnosis. Diagnosis is an attempt to analyze a symptom or response which is brought about by the reaction to the change. Some of the participants were having difficulty balancing the tensions between prospective sense making (high expectation of being laid off) and retrospective sense making (recalling layoffs after similar announcements). Their actions and statements suggested that they were having difficulty in coping with the announcement. Feelings of anger, decrease in morale, opting for sick leave, shock, and devastation are all examples of diagnosing behavior changes.

Diagnosis is an indicator of immediate sense making because the participants mental states were altered after the announcement, therefore attempts to diagnosis reactions to the

change indicates that the participants were not operating from scripts. More importantly however, the respondents **knew** that their mental states were altered (since they were no longer operating from scripts). Diagnosis suggests that the participants were accounting for their unscripted behavior and were compensating for it in order to achieve normalcy. For instance, during the last major change, many of the employees took sick leave after they knew that they would be bumped or terminated. Their reaction to the news (immediate sense making) suggests that they could not cope with the unscripted event, made a diagnosis (I'm stressed out) and then took time off to compensate.

This is an important category, since the employees disability to cope with major change has a substantial impact on the organization. During changes with similar repercussions in the past, morale decreased, depression increased, and the hospital expended thousands of dollars on severance packages, employee disability, and sick leave. MSH has sponsored an employee assistance program (EAP) to assist staff in coping with the changes.

The participants who were medical professionals most often made diagnosis of reactions to the change. In particular, those professional who were involved with "staff health and well being" made the most obvious diagnosis. Their statements support the notion that individual subjective realities shape the way one views and reacts to change.

Normalcy. Many of the subjects suggested a desire to maintain a "business as usual" mentality in the midst of all the changes. This goal suggests that the impact of the change has not fully been comprehended by the participants, as they have not accepted that the situation will never return to normal. Rather than embracing the change, knowing that the main site would be torn down, the participants strove for normalcy. None of the participants spoke about employment at a new site, hence they were not prospectively sense making on this issue. The participants' responses revealed that they were not anticipating moving to a new site, once the old was torn down, rather their focus was on the present to maintain "order."

This "business as usual" approach suggests that their might be some form of denial with respect to the changes on the part of the employees. The desire for normalcy might also be explained by the fact that tenured employees were familiar with, and in many respects "set the tune" as to what "normal was" within the organization. This explanation is plausible, since the managers dictate how the hospital should operate.

The desire to maintain normalcy was articulated by the more tenured, higher status employees. For instance one respondent who was in charge of an entire site, stated repeatedly that normalcy was necessary for survival. This participant concerns were based on the fact she found it difficult to manage a facility where constant change was a

factor. A fewer number of less tenured, non-medical employees were excited about the state of disarray. Three of the non-medical participants felt the change was challenging, would lead to new opportunities, and would make the "system" leaner.

While most of the participants articulated a need for return to normalcy, a few of the less tenured employees were excited about the changes. The "deviants" response might be accounted for by the fact that they were: (1) from a different generation where having several jobs or careers in one's lifetime is considered normal; or (2) were trained to be "lean" and entrepreneurial.

There is a very clear indication that the subjects made sense of immediate information provisionally, in that the information was comprehended differently after the participant had time to review the change more thoroughly. It appears as though immediate sense making acts as a tentative link as to how individuals manage the tensions of comprehending information between prospective and retrospective sense making. Immediate sense making acts as "middle ground" until the individual chooses to understand or cope with the change will entail.

#### Tenured Employee Retrospective Sense Making

Retrospective sense making provides an avenue for the participant to recall and attribute meaning to past events. Retrospective sense making also acts as a "template" or "assessment tool" that future events can be compared against.

The participants in the study vividly recalled their past experiences, often relating those experience's to what they would expect of the future (hence supporting the cyclical nature of sense making). Since the announcement occurred between 24 and 48 hours before the interviews, it was difficult to chart retrospective sense making tactics for the most recent change.

However, during the course of the interviews most of the participants recalled past traumatic events that were similar in scope to the last change (see case study). The participants described these events with passion and richness, articulating their thoughts using stories and metaphors. The respondents used retrospective sense making to recall significant events that occurred over a five year period. The richness of the participants recollections were exhibited in three different categories. These categories serve as evidence that retrospective sense making is a powerful tool in the comprehension of change.

Metaphors. Participant use of metaphors brought to light two interesting points that pertain to retrospective sense making. First, the use of metaphors provided a compact version of an event without the need for the message to spell out all the details. The participants were clearly able to detail past events through metaphor. By using metaphors the participants provided clear information in a concise manner. Secondly, the individuals used metaphors to portray what they

could not portray literally. It appeared as though the participants were able to "save face" but still able to make their point that "some things aren't so great around here." For instance, rather than speaking poorly about Human Resources, one participant compared her job description to skeet shooting, explaining that she never knew where the targets were. By using metaphors, participants were able to be somewhat equivocal and state that the situation was not optimal, but they did not have to blame another person or reveal names (unlike immediate sense making). Therefore it appeared that the participants were more cautious as to what they said about whom during retrospective versus immediate sense making. Comparing something or someone through metaphor provides a clear, quick and relatively safe avenue for the participants to articulate their perceptions of the past.

The metaphors were directed toward past events and were euphemistic in nature. One participant likened a previous change to the bell that tolls before a funeral. Another subject compared the current situation to a divorce, with the former spouses having to learn how to be separated (losing the main site). The euphemistic nature of the metaphors might be due in part to the fact that the participants had time to "make sense" of past changes and can rationalize and accept them. This is an interesting contrast to immediate sense making, where blame was a predominate category. Consequently, it appears that "time heals all wounds" and that after the



participants had ample opportunity to reflect on a past incident, they accepted and saw merit in the change.

Learned Reactions. The participants often referred to their ability to cope with changes that occurred in the past. This category is representative of retrospective sense making because the participants have comprehended, come to terms with the changes, and were able to articulate; (1) what they had to overcome, (2) how they overcame it, and occasionally (3) the "good" that came out of the changes. For instance, beginning 5 years ago the organization as a whole opposed the switch from an active care treatment unit to a geriatric care center. At the time of the interviews many of the respondents spoke of being "a geriatric center of excellence" for the southern province. Still others stated that they shouldn't have held on so long to the active treatment paradigm, and embraced the geriatric role because it was very rewarding.

The participants also articulated that they were "survivors" of the last round of major layoff, where 60% of the administrators were terminated. While their peers were let go they had to persevere (some felt it was more difficult to be a survivor). Many of the participants demonstrated pride that they have endured through the past five years.

It appears that after the participants had some time to comprehend the changes, and see the "plan" come to fruition, they learned and accepted that some of the changes would be better than previously expected. Many of the participants

stated that at the time a change was "horrible" and "devastating" but now they were able to realize some positive aspects of the change because they "survived it."

Stories. Like metaphors, the stories told by the participants were vivid and rich in detail. The stories were also parsimonious, in that a lot of "history" was covered in one short narrative, thereby providing detail and meaning through story and not through explicit statements.

For instance, one subject spoke about his disappointment with the Roman Catholic Bishop of the Diocese; the following story was told:

We had a missioning ceremony here two years ago. We decided to invite the bishop to get him more involved, and he also should serve as the "figurehead" of our mission to heal, Anyway "Tammy" called him up to make arrangements. First he wasn't too keen on coming, then we had to work it around his schedule, so we had it on December 16. Then he wanted to know who he should send the bill for his flight - it's like a two hour drive and he decides to fly down and expect us to pay for it. I think that's why I put money in the collection every Sunday. Anyway we're not getting a lot of support, and that's disappointing since there are only two Catholic hospitals in the province.

This story provides a clear indication about the subject's feelings toward the bishop and the lack of support that the hospital was receiving. The story itself is vivid

and efficiently expressed the participant. Through his story, the respondent is suggesting that **if only** the Bishop was more supportive and vocal, the hospital might not have had to go through several reorganizations. Like many other stories told by the participants, this one provides a theme of "if only."

Whereby if the "if only" came to fruition, the organization might be in a very different situation than it is today. Note however the "if only" sentiment occurred because another equally devastating change was announced. Finally, stories detail what is "important" to the participant. The stories are a significant part of the participant's history with the organization, and help formulate the respondents subjective reality. It appeared that stories were "worn" almost as a badge of honor, suggesting "listen to what I have to tell you, I survived this."

### Conclusion

Weick (1979) suggests that an analysis of cognition in organizations ought to address the question of what provokes cognition. Clearly the evidence supports the notion that organizational change causes conscious thought.

It is apparent that individuals perceive unscripted situations in tenses; past, present, and future.

This project uncovered three major points: (1) Sense making occurs in three tenses after organizational change. (2) The more tenured and higher status and employee is, the more that s/he will vacillate between the sense making tenses. In addition, the more senior employee will tend to employ more instances of retrospective sense making in their thought patterns, while less tenured employees will incorporate more prospective sense making tendencies. (3) Rumor is not highly regarded by tenured employees even though the rumor mill was considered accurate and efficient.

Figure 1.

## Number and Percentage of Participant Statements

Category	Number of statements	Percentage of total
Rumor	40	13.6%
Overt Questions	25	8.5%
Sharing Information	37	12.5%
Expectation	25	8.5%
Uncertainty	27	9.2%
Hope	12	4.1%
Blame	18	6.1%
Normalcy	13	4.4%
Vulnerability	19	6.4%
Diagnosis	19	6.4%
Metaphor	20	6.8%
Stories	11	3.7%
Learned Reactions	29	9.8%
Total	n=295	100%

# Sense Making Tenses

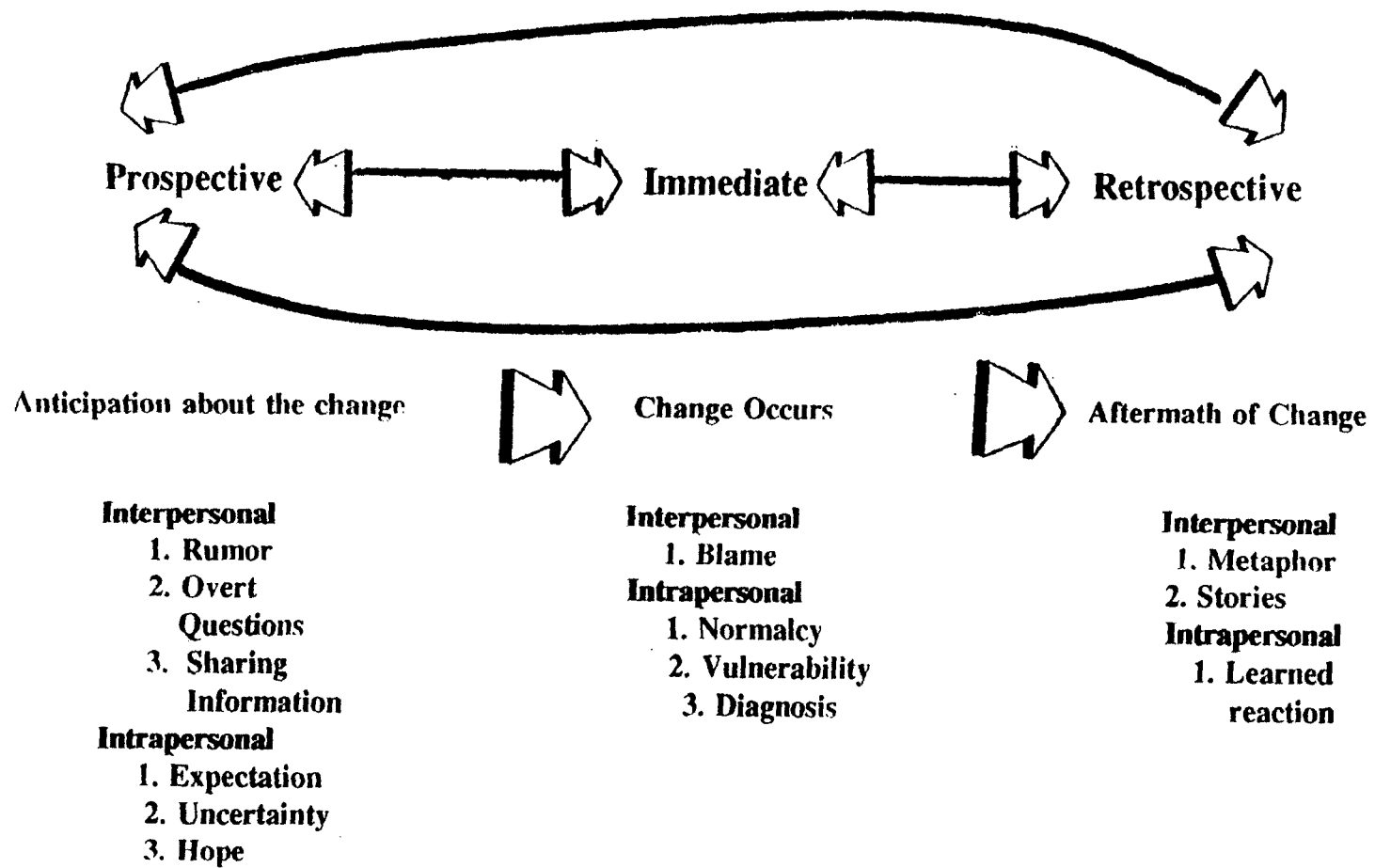
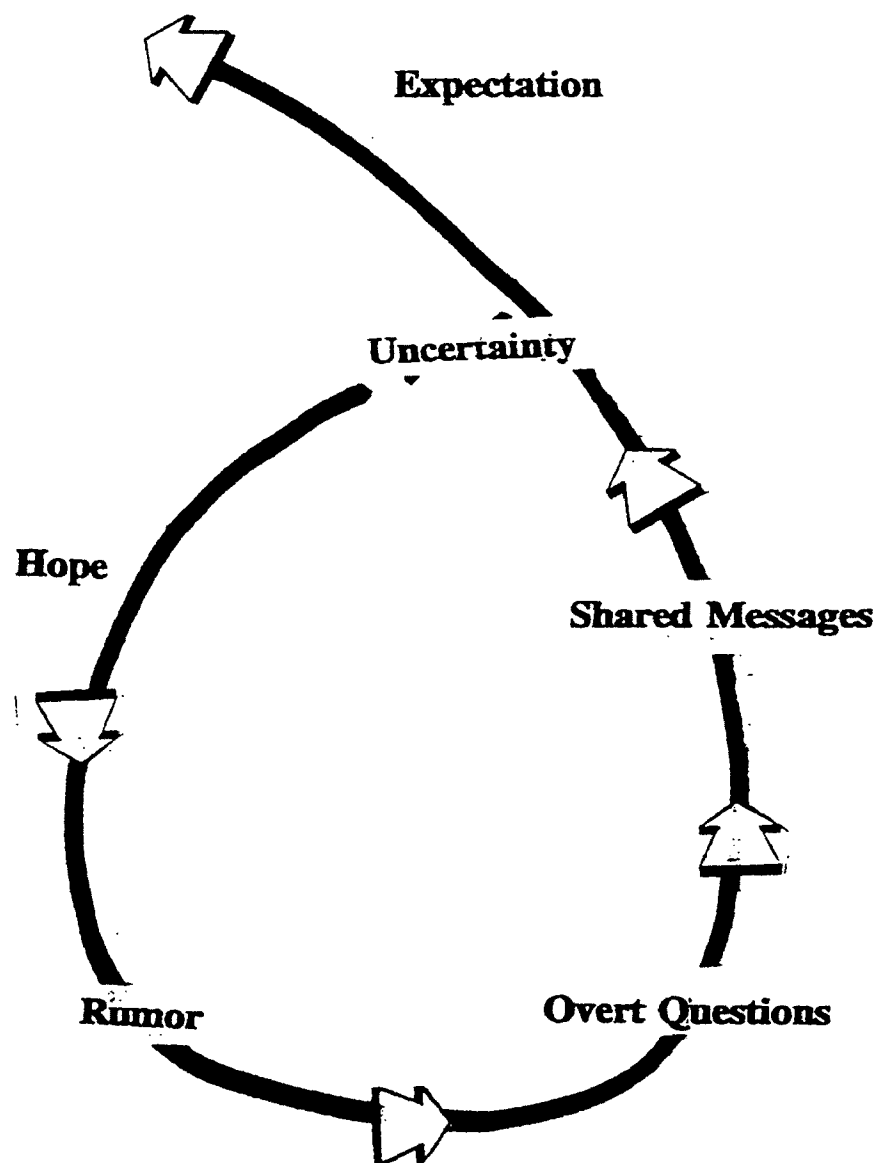


Figure 2

Figure 3.



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## Appendix A

### History

#### Roots

MSH was established in 1929 after purchasing a private 20 bed facility from a citizen in the city. The purchasers, a religious affiliated group, were approached to acquire the hospital, and after much persuasion on the part of city and other religious officials the purchasers agreed to buy the facility.

In 1932 a new 100 bed facility (plus bassinets) was opened. Facilities included: an operating room (O.R.), emergency room (E.R.), X-ray department, obstetrics, pharmacy, lecture room, dining rooms, sewing room, laundry, physiotherapy department, custodial department, autopsy room, kitchen, grocery department, butcher's room, nursing stations, medical, surgical, children and youth wards, and a psychiatric room.

Quick growth ensued, and in 1951, a second addition was completed, bringing the total number of beds to 181 with 18 bassinets. Additional facilities included, a pediatric ward, a milk formula laboratory, purchasing offices, a cafeteria, morgue, and chapel. The structural growth of the hospital required additional personnel, that were not hired due to an unmet demand for nursing staff. Therefore, a School of Nursing was established in 1950, with the first class of 20 pupils beginning in 1953. The opening of the School of

Nursing required a 120 bed dormitory and classroom building which were erected in 1954. The Schools of X-ray Technology and Medical Laboratory Technology were opened in 1954. The Schools of Nursing, X-Ray Technology and Laboratory Technology remained open until 1973.

During its prime, (1970-1990) the hospital had 203 active treatment beds with approximately 180 nursing employees, 22 administrative staff, 130 medical staff, 33 support staff (unit clerks, medical records staff, admission clerks, switch board operators, secretaries, human resource clerks, stores employees, etc.) 5 pastoral care staff, a board of directors, plus and additional 29 "technical employees" (pharmacists, lab tech's, X-ray tech's, respiratory tech, physical and occupational therapists, etc.).

In 1990-91 the different units/departments in the hospital were comprised of: Admissions, Administration, Emergency Room, Radiology, Physical Therapy, Stores, Custodial, Maintenance, Dietary, Opthlimology, Social Services, Pathology Laboratory, Pharmacy, Central Supply Unit (C&S), Operating Room, Recovery Room, Obstetrics, Birthing Rooms, Nursery, Day-Patient Surgery, Respiratory, Intensive Care Unit, Telemetry Unit, Pediatrics, Palliative Care Unit, and Medical and Surgical Floors.

In addition to the medical operations, several not-for-profit divisions of MSH were vital. "The Ladies of the Auxiliary" were responsible for the day-to-day operations of

the gift shop, and fund raising. A Foundation was later established to raise additional funds. A volunteer coordinator was hired to arrange a schedule for non-paid assistance. Finally, several religious affiliated volunteers assisted in pastoral care.

### Controversy

MSH became a controversial facility beginning in 1968, and has continued to be so to the present day. Several issues have been debated over the past three decades, including: religious affiliation, duplication of services, replication of governing board (one elected and one appointed), the emergency room controversy, provincial funding, and active treatment V.S. long term care.

The religious affiliation of the hospital was not well received by the agnostic community of the city. The religious theme of the hospital was a debated issue. The CEO of The Regional Hospital (heretofore referred to as TRH) publicly stated, "Catholic hospitals are a luxury. And if [the Minister of Health] wants to maintain them, that's his problem." (Herald, 26/08/78). Another influential member of the community and former TRH board member stated, "the religious control of [MSH] has allowed the hospital to pick and choose its services while shuffling the rough stuff to [TRH]" (Herald, 26/08/94).

Other residents questioned whether a "private" hospital was necessary since the "The Regional Hospital" (TRH) offered



most of the same services, hence the "duplication of services" became another debatable issue. Note that until 1989 MSH offered more medical services than TRH.

For over 19 years there has been an on going debate, both in the media and in the board rooms, as to whether a second "private" hospital was required in a city with a population of nearly 65,000. It should be noted however, that MSH is no longer a privately operated hospital since the religious affiliated owners sold the hospital to the Alberta Catholic Foundation in 1985 (a government sponsored agency). Nevertheless, many people in the community and in the provincial government viewed MSH as being a waste of tax money since it was duplicating services in a religious, non-public fashion (appointed rather than elected board).

#### Public Debate

The debate became so volatile by 1978, active campaigns were being championed by private individuals, citizen groups, and both hospital boards. Many of those in support of MSH used the slogan "I'm for choice." An advertisement focused on "autonomy." (see advertisement in addendum) This slogan, and others were advertised through buttons, newspaper adds, and mailings.

TRH campaigned in a similar fashion. A full page advertisement was published in the city newspaper by a "group of concerned citizens" in support of TRH (Herald, 17/11/79). One week later, 32 physicians sponsored another full page ad

complete with a letter to the Minister of Hospitals and Medical Care, a large cartoon depicting a three ring circus, and several clarifying statements in support of two hospitals (hence the survival of MSH). Hundreds of letters to the editor, articles, and special features were published in the local newspaper.

A poorly executed vote was taken in 1979 by the local city newspaper, with a full page article. The results of the ballot were reported in another full page article, complete with comments and letters from "the who's who" of the province. (MSH won by a small margin).

"Town Hall" meetings were organized by MSH and TRH in schools around the city and county. An active letter writing campaign flooded the "letters to the editor" column in the [city] Herald. A full page was dedicated to "letters to the editor," that almost became a "who's who" of Southern Alberta politics. Thousands of signed petitions were sent to the provincial government to "save MSH." In short, a explosive, and dichotomous debate ensued for nearly a year as citizens of a Canadian Province were split on the issue of two active treatment hospitals in the city.

#### A Deal is Made

After a year debate, before a provincial election, the government decided that **both** hospitals were vital to the needs of the citizens of this province. It was decided that MSH would maintain the emergency ward, and a few other "prize

departments," and TRH would maintain the auxiliary hospital and the psychiatric unit. In addition, both hospitals would be able to maintain all of their current units and facilities. At that same time, the provincial government hinted that there might be a possibility that both hospitals would be eligible to be rebuilt, since both buildings were deteriorating, and equipment was not up to technological par.

Four years later, 1985, TRH announced in conjunction with the provincial government that a new hospital would be built, beginning that autumn. With this announcement, the MSH-TRH debate was revived.

The MSH camp feared that this would be a prime opportunity for TRH to take control of services that were exclusive only to MSH (i.e. emergency, day surgery). Proponents of the TRH advocated such changes in services, and more. Soon it became apparent, that if funding was to be received for a new hospital, **a regional hospital**, the structure might as well be true to its name, and serve all people within the region. This meant that duplication of services would be reduced since a modern, "super-structure" would be built, and services would be offered more efficiently in a new building

The government was able to appease the MSH board, with several enticing offers and revelations; 1) MSH would also get a new structure - as soon as TRH was completed, 2) TRH would virtually be "out of commission" for 4 years because they were

building on the same site (in phases), therefore 3) MSH had an opportunity to prove to MSH opponents that they were a worthy hospital.

Reluctantly the MSH board of directors agreed to the deal, publicly acknowledging that this was very "positive for their organization," however, realizing behind closed doors, that "he with the gold makes the rules" (the provincial government).

Behind those same closed doors, the CEO and board of directors decided that it was time to play "hard ball" with the government. They suggested that "if" they provided these services (E.R., etc.) during the building of the new TRH, MSH would require a formal written agreement from the Minister of Health. The ploy was to "suggest" that services might not be up to par, budgets might not be balanced quite as well as in the past, and a nasty media battle could be initiated unless MSH received firm confirmation that 1) they would be a full treatment hospital after TRH was rebuilt and 2) MSH would receive a new structure as soon as the new TRH was completed.

In short, the Minister of Health agreed to the demands of the MSH executive and board of directors. MSH was in line to be one of the next hospitals built in the province.

Unfortunately for MSH, during another provincial election year, several small towns received grants to build new hospitals. Six small (40 bed) hospitals of similar design were all built in the period of two years. All the "smaller"

hospitals were equipped with E.R., O.R., Lab, and X-Ray departments, plus having its own administrator. All hospitals were between a 13 and 100 km radius from the city.

Also during this period of time, "Home Care" received a new building and a sizable increase in budget. The responsibility of Home Care is to insure health care for patients in their homes in order to: 1) reduce the cost of health care in the province, and 2) to allow patients (usually terminal) to be cared for in a comfortable and familiar environment. With their new facility, larger staff, and increased budget, Home Care became a "player" in provincial health care.

The major turning point occurred in 1989 with the opening of the newly rebuilt TRH. At the time of opening, this medical facility actually had fewer services than MSH, but had a newer and more technologically advanced building. Upon opening, TRH had 272 active treatment beds. Soon they acquired 32 nursing and pediatric beds, and 10 neonatal intensive care beds.

In addition to acquiring the pediatric "floor" from MSH, TRH obtained the following units, ophthalmology, central supply unit, gynecology, obstetrics, day surgery, and the laundry.

#### The Dialogue Continues

MSH became a victim of the "oil bust." There was no longer money in the provincial coffers to build another new hospital. In fact two new 300 bed hospitals were never opened

(in two other major provincial cities). Obviously, provincial health care was in a state of disarray.

Interestingly enough, the same administrator at MSH continued to play hard ball by asserting that "a deal is a deal" and expected to see "the deal" come to fruition. Even more surprisingly the provincial government still maintained a dialogue, although they envisioned MSH as fulfilling a different health care need.

It was decided by the provincial government that building a new active treatment hospital would be a complete duplication of services, not only in [city], but also in the surrounding communities (since they all had new hospitals). MSH would therefore still be able to maintain most of their vital services (E.R., O.R., R.R. Radiology, Lab), but they would be required to give up pediatrics, gynecology, and obstetrics. The plan called for MSH to receive a 100 acute bed facility and a 200 long-term care facility.

Another 2 years past and the "renegade" CEO resigned and took employment with another hospital in another province, and a new Minister of Health took office. MSH still had not received funding for a new building.

### Reorganization

Finally in 1992, after many heated meetings between the provincial government and the MSH executive and board of directors, it was publicly announced that MSH would receive a new building, at a cost of \$70 million. The mission of MSH

would be redefined, as a long-term treatment unit. They would acquire an auxiliary hospital, on the same site as TRH. Plus a 100 bed nursing home, on another site. With this acquisition, MSH would loose several of its active treatment departments. MSH administration felt that this was the "best deal" since they would build a new structure and still be able to serve the community. Later that same year, hospital blue prints were approved, and it was decided to build on the same site (in phases).

The "building" began, by moving all of the Office Building Employees into ATCO trailers. The Office Building was knocked down and bulldozed away. All were optimistic that MSH would be in their new home in 3 short years.

The transformation of TRH left MSH in a state of turmoil. MSH had lost most of its vital services by 1993 (after the closure of the OR and RR), leaving it to be a literal "graveyard." Under the careful "guidance" of the Minster of Health and her department, MSH soon became a long-term health care center. Whereby MSH would be renamed to include the words "Heath Center" (MSHC), and would be responsible for an auxiliary hospital (a gerontological hospital, where patients need more active and intense treatment than nursing homes can provide), plus the largest nursing home in the city.

The token acceptance of this agreement by the board of directors and the CEO has received negative feedback. Staff members feel that the upper administration did not "fight" or

campaign hard enough (unlike the campaign of 1978-80). Moral has continued to decrease since much of middle management (nursing supervisors) have been laid off, and other nurses have been let go. Whole departments have shut down, and others are being operated in a different manner, because of the transition from active to long term treatment. Entire nursing teams who have worked together for years (> 5 - 20 years) were separated to different wings because of union stipulations that employees with seniority have the option to "bump."

#### Uncertainty

The provincial government in 1993, under a new premier, implemented a budget freeze, so that MSHC had to stop construction.

In April of 1994, MSHC tore down their construction fence, which publicly confirmed that construction had indeed been stopped. The freeze has never been lifted, and the role of MSHC has yet to be defined.

December 1, 1994, the Regional Health Authority (one of 17 newly appointed centralized boards that replaced the 200 elected hospital boards that were elected), publicly recommended to the provincial government that MSHC should become a "wing" of TRH. Whereby the new wing would be built to replace the construction of a new hospital on the MSHC site, in order to reduce "duplication of services. The Regional Health Care Authority suggested that two boards and



administrations could exist on the same site.

The Regional Authority announcement came as a shock to the administration and staff of MSH since over \$9 million has been spent on planning a new structure on the current site. The 5 story office building has been leveled and the physio and occupational therapy departments are currently housed in ATCO trailers outside the hospital, while administration is housed in make-shift offices on a disbanded medical ward. These physical constructs served as proof to the staff that MSHC would soon be built. An announcement to the contrary has devastated the morale of the staff, as they were not expecting the "change."

The announcement was also shocking because the staff had finally begun to accept that their role in health care had changed in the community from active treatment to long term care. With all the unwanted change that staff had experienced over the past 10 years (i.e. loss of departments, bumping, and loss of jobs), the staff was anticipating a new and better facility, which would be their **own**.

A recent letter sent to the author from the Assistant Executive Director of MSHC states, "our employees are saddened, angered and shocked by the announcement, but still have a glimmer of hope that some jobs can be saved." (Wright, 10/12/1994). Note, that at the time of the announcement, it appeared that jobs would be lost, in order to reduce "duplication of services."

Another public campaign has since begun in the local newspaper, averaging 4-6 letters a week, along with articles and advertisements, that support both sides of the issue. Obviously the dichotomy of public opinion over the two hospitals has not eased over the past 25 years.

It is feared by the staff at MSHC that the provincial government will accept the current proposal since the main site of MSHC is currently using 80 beds, a number that could conceivably "fit" into a wing at TRH. Additionally, one MSHC site (the auxiliary hospital) already exists at TRH. Furthermore, the outlying "small town hospitals" have become mini-nursing homes, since the population of these towns have continued to grow older, and will do so as "small-town Canada" continues to shrink. Finally, "Home Care" is running efficiently, and has just received additional funding to hire more employees.

To drive the nail further into the MSHC coffin, a regional census of the population was recently conducted. The results of the population suggest that the population will not "age" for another 15-20 years, this means that there will not be a need for long-term treatment care until the year 2010.

Interestingly enough, MSHC had a distinct advantage over the Regional Hospital - its method of operations. MSHC had an excellent track record for fiscal responsibility, unlike TRH. In fact in one month long press run in 1993, MSHC administration was publicly created by the editor of The

[city] Herald and the Minister of Health as being a "fiscally responsible" operation, where TRH was lambasted as being fiscally irresponsible and the TRH Board of Directors were told to clean up their act. Finally, the mayor and the entire city council has publicly in supported MSHC.

### Divisive Issue

For certain, the debate over MSH has been politically volatile. As former MSHC Board Chairman and President of the Canadian Hospitals Association stated, "without question, this is the most divisive issue that has every hit the city" (interview, 05/01/95). This opinion is supported by others. In 1978, the provincial minister of health stated that the situation was "rather unique." The city newspaper noted that the conflict was "an exclusive trait." Over the past 30 years the city newspaper has received several hundred "Letters to the Editor" regarding this issue.

The provincial government might have added more "fuel to the fire," by attempting to financial choke the hospitals in order to come to some sort of agreement. In 1978, MSH CEO stated, "Health care doesn't stand still anywhere except here" (Herald, 25/08/78).

A former TRH board member asserted, "It is my opinion it's the absolute policy of the hospital authorities not to bother with [the city] unless the hospitals endeavor to work out some agreement" (Herald, 25/08/78). The provincial minister of health suggested that when the hospitals are ready to agree

he'll be ready to move (Herald, 25/08/78). One point is for certain, the divisiveness of this issue, has altered the organizational life cycle, and now the tenured employees at MSHC are left to make sense of "what is going on."

#### Major Points of the Case Study

A few certainties of the study predominate:

- 1) MSHC is undergoing massive change, and is in a current state of disorganization.
- 2) The tenured staff are attempting to make sense of "what is going on" since the hospitals' status is constantly changing.
- 3) Tenured employees are trying to learn "new" ropes in the same organization because their roles and job descriptions have changed.
- 4) This issue has affected an entire city and county.

## APPENDIX B

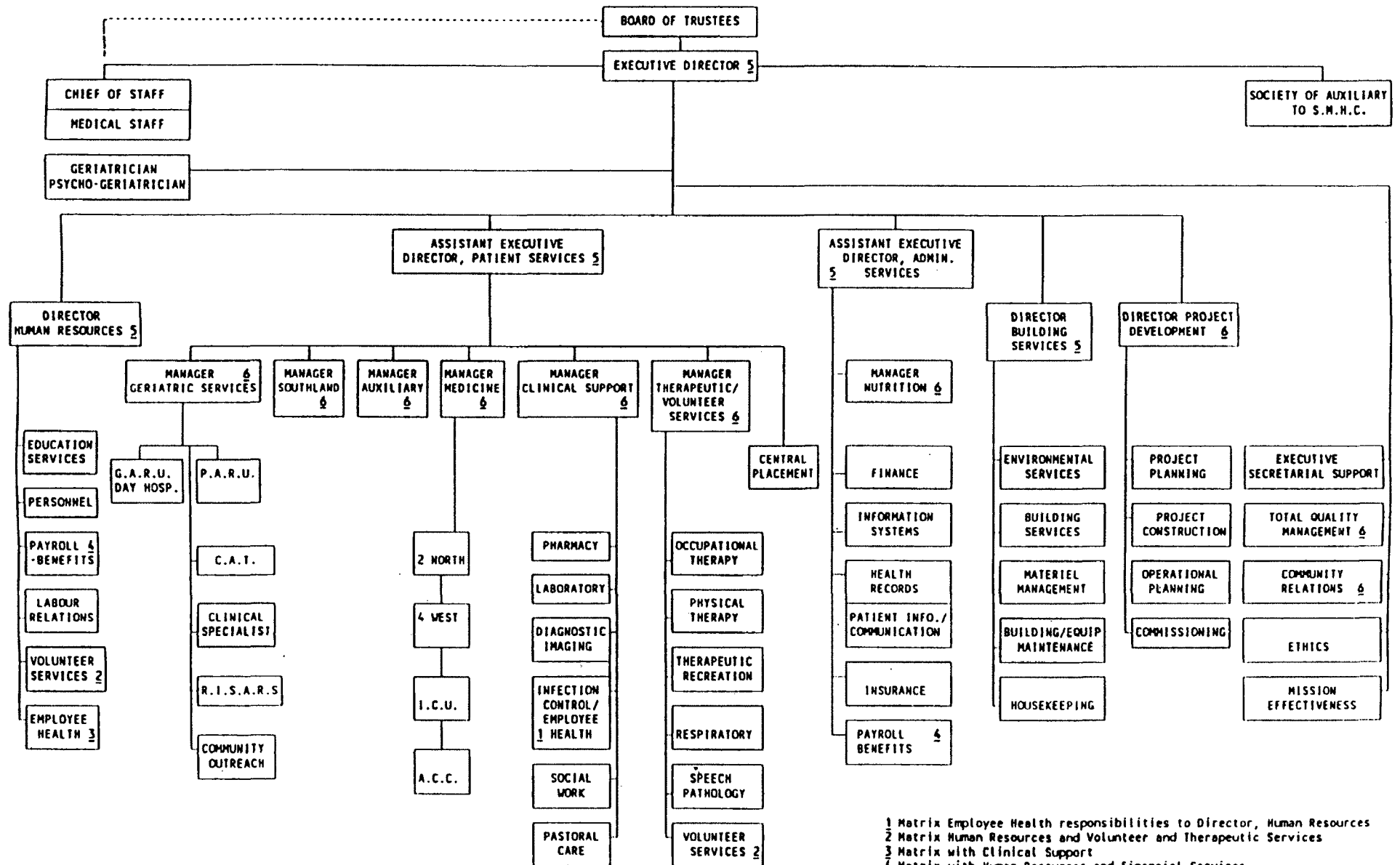
## MSHC ORGANIZATIONAL CHART

1987

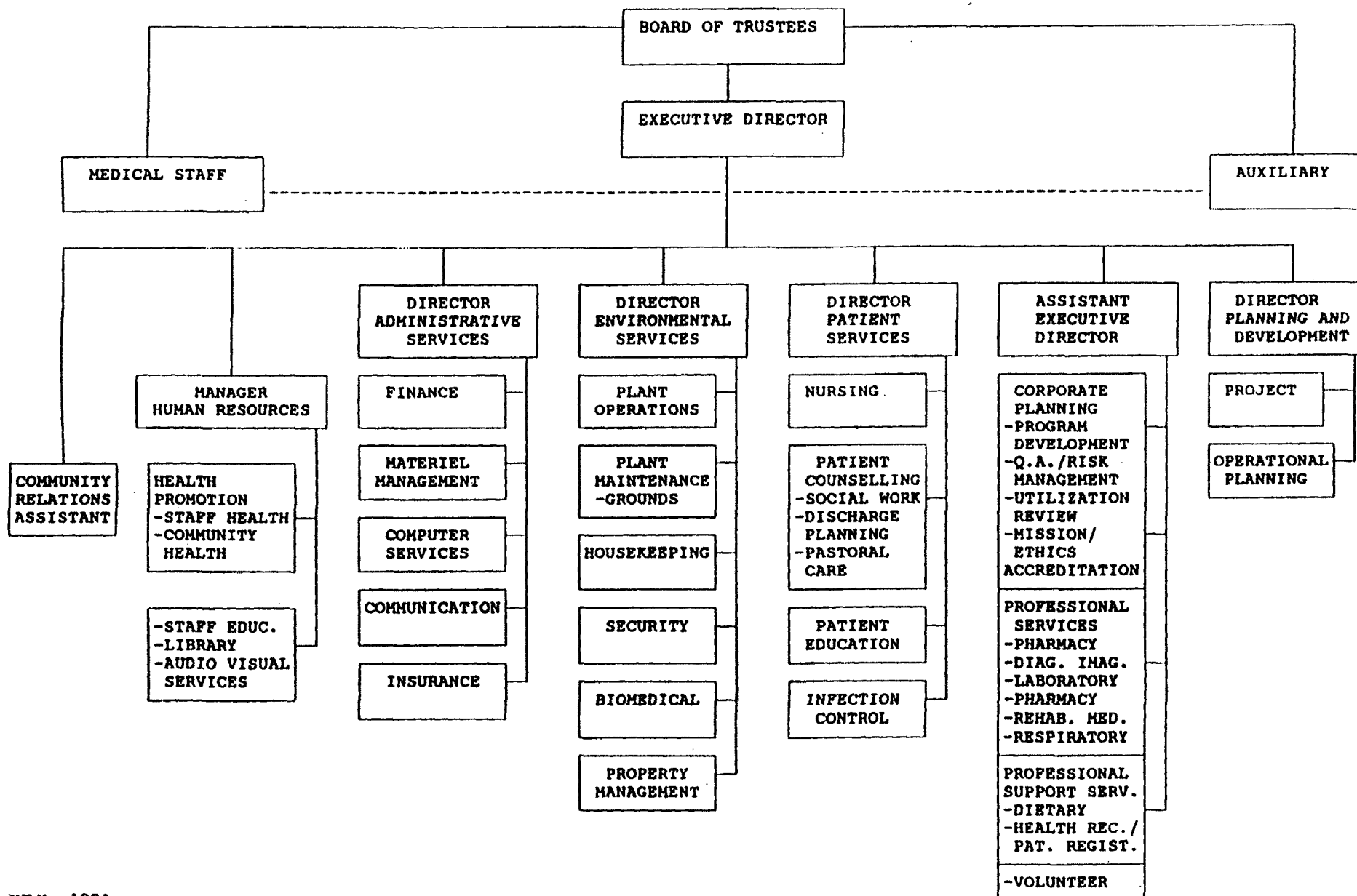
1991

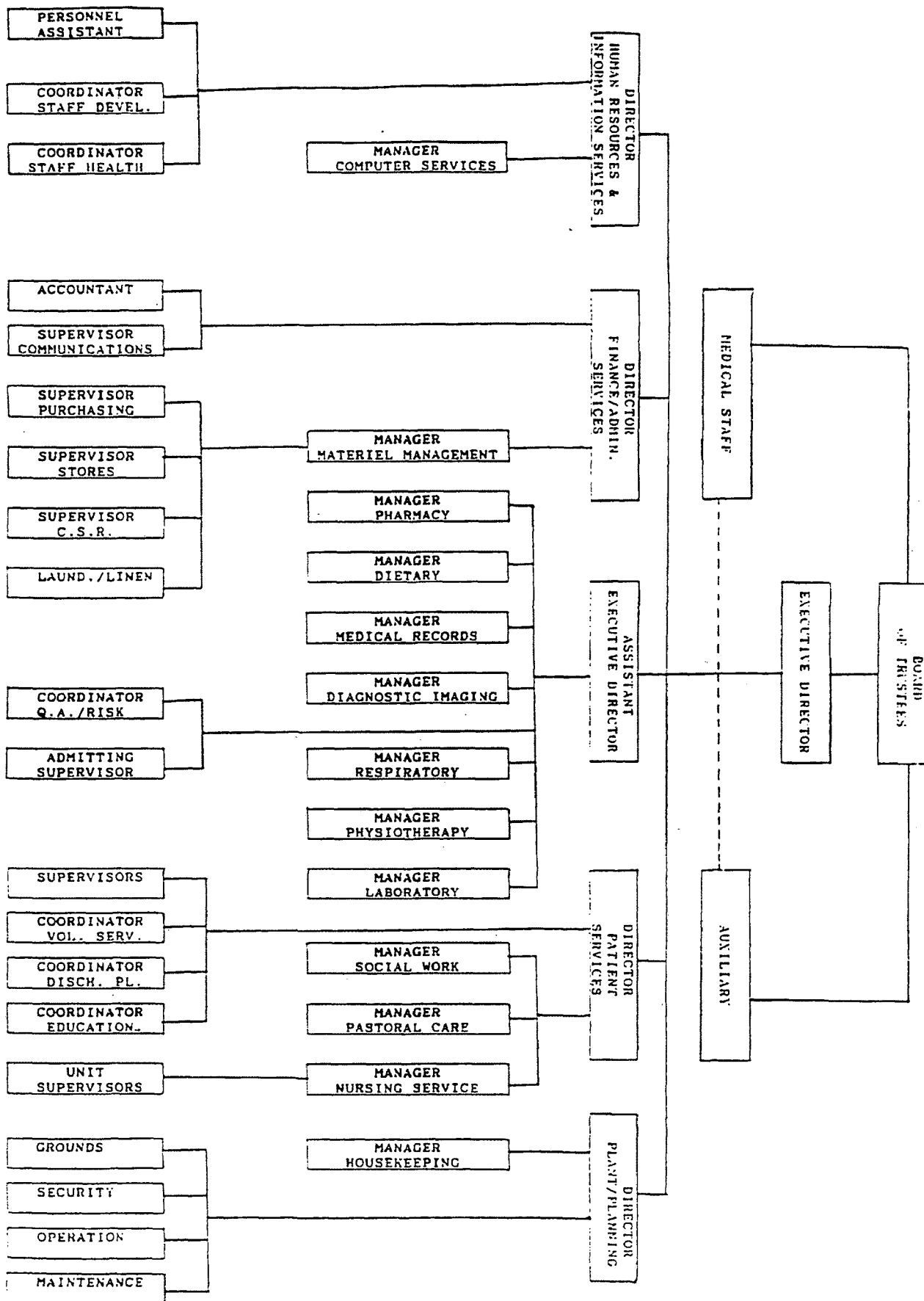
1994

ORGANIZATION CHART



- 1 Matrix Employee Health responsibilities to Director, Human Resources  
 2 Matrix Human Resources and Volunteer and Therapeutic Services  
 3 Matrix with Clinical Support  
 4 Matrix with Human Resources and Financial Services  
 5 Denotes Executive Committee  
 6 Denotes Administrative Council (Note: All members of Executive Committee are also members of the Administrative Council)







## APPENDIX C

Interview Schedule

## Interview Schedule

### Introduction

#### Name & Background:

Carina Niedermier

Thesis Project - The University of Montana

#### Purpose of the Study:

I am studying how people deal with change in an organization.

#### Confidentiality issues:

Some sensitive material may be discussed during the interview. You have the right to withdraw your participation at any time. You may refuse to answer any question or refuse to be tape recorded. Note that you will not be identified by name or department. Information uncovered during the interview will be reported in summary form in order to draw generalizations. An occasional comment may be quoted in the report, but in no way will you or your department be identified from anything you state during the course of this interview. In addition, your organization will not be identified in any published work that results from the research.

#### Participant's Role:

To sign consent form. To answer questions honestly with relevant information. The participant may elect not to have the interview tape recorded.

#### Benefit of Study:

Twofold: (1) Your interview will be a necessary component in the completion of my thesis. (2) Some of the findings might be relevant to how your organization communicates information to the staff, a summary report will be available in late May.

### Questions

- 1) How long have you been a manager at SMHC?
- 2) Tell me about the overall shape that this organization is in?
- 3) What is it like to work here?

**For the next part of the interview, I would like to discuss the changes that the hospital has gone through during your employment.**

- 4) . Tell me about some of the changes that SMHC has gone through during your employment?

- Which change has been the most significant to the hospital?
- Which change has been the most significant to your department?
- How has (the most significant change) affected you?
  - your ability to manage?
  - your ability to work with other managers?
  - your position in the hospital?
- How has (the most significant change) affected your staff?
  - how they work?
  - how they get their job done?
  - the atmosphere?

**Now let's talk about the information that you have received about the change which you described as most significant.**

- 5) Overall do feel as though you know what is "going on?"

- about things that affect your department directly?
- about things that affect your department indirectly?
- about things that don't affect you or your department, but do affect the hospital?
- with the significant change that you described earlier?

- 6) Where do you get your information?

- 7) What have you done to find out information about the change that you described earlier?

**Now I would like to talk about information you may have conveyed to your staff.**

- 8) What if any efforts have you made to inform your staff about (the change you talked about earlier)?

- 9) If you could relive the past, would you have done anything differently?

- Would you have given your staff more information?
- Would you have provided you staff with less information?

- 10) When (the change) occurred what didn't you tell your staff about the change? Why did you decide not to tell your staff about whatever?

Let's close with your personal philosophies as a manager, primarily the "philosophies" that you try incorporate as part of your job.

- 11) How do you view your role as a manager in this hospital?
- 12) What are your personal philosophies for dealing with staff?
- 13) Have I missed anything?

The results of the interviews will be made available in late May. Please note that you will not be identified by name or any of the information that you offered today. If you have any questions or further comments please contact me. Thank you for your time.

## APPENDIX D

MSH - "Our Mission" & "Our Vision"

## OUR MISSION

is a community-oriented, voluntary  
Christian health care organization  
founded in the Catholic tradition.

MOTIVATED BY CHRISTIAN VALUES  
WHICH RESPECT EACH PERSON'S UNIQUENESS, DIGNITY  
AND THE SACREDNESS OF HUMAN LIFE,  
WE DEDICATE OURSELVES TO THE PROMOTION OF WELLNESS  
AND TO ACHIEVING  
QUALITY OF LIFE THROUGH CARING TEAMS.

Serving the people of  
we continue our healing ministry  
as an integrated long term and acute care organization.  
We strive to be  
a Centre of Excellence  
in Geriatrics, Rehabilitation and Long Term Care,  
delivering specialized programs  
with an interdisciplinary, holistic approach. These include:

### Care Units

Geriatric Assessment and Rehabilitation  
(including Psychogeriatrics)  
Cognitive Impaired  
(including Behavioral Assessment)  
Young Physically Disabled  
Frail Elderly  
Post Acute Rehabilitation  
Palliative Care  
Referral  
Medicine  
Surgery  
Intensive Care (Level 1)

### Care Services

Day Hospital  
Community Assessment  
& Outreach  
Ambulatory Care  
Day Surgery  
Respite Services  
Regional Institutional  
Support &  
Renal Dialysis

We are committed to provide our clients a continuum of care  
in a spirit of cooperation and collaboration with allied agencies.

We provide quality care  
within the limits of available resources  
and promote innovation to ease the burdens  
of those we serve.

May, 1993

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## OUR VISION

129

We will be a  
leader  
in Geriatrics, Rehabilitation and Long Term Care  
integrated with  
selected primary health care services.

## OUR VALUES

Based on our belief that God dwells among  
us, we:

- |             |  |
|-------------|--|
| Person:     | Respect the person and respond to needs<br>with compassion, kindness and dignity.  |
| Caring      | Commit ourselves to the holistic well- being of<br>those we serve.   |
| Teamwork    | Create an environment of empowerment and<br>trust, where people value each other and work<br>together to achieve common goals. |
| Creativity  | Explore new possibilities to continually improve<br>everything we do and strive to be the best in<br>all we pursue.            |
| Stewardship | Manage carefully and wisely within our<br>resources.   |

May, 1993